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# MasterCard

## Information Guide

**Insurance Policy no. 10 004 847**

**This document is a translation with no legally binding status for the insurer. In case of dispute, only the information notice written in French may be enforceable against the insurer.**

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## LEGAL INFORMATION

Insurance Policy No. 10 004 847 subscribed with CAMCA ((Mutual Insurance Company with variable premiums - SIRET 784 338 527 00046 -53, rue la Boétie CS40107 75380 Paris Cedex 08) subscribed on behalf of the *Insured Parties*, in compliance with article L.112-1 Line 2 of the Insurance Code.

This insurance policy is underwritten by CAMCA Brokerage, an insurance broker registered with ORIAS under the number 07002817 (www.orias.fr), acting under a mandate of the *Issuer* carrying delegation of signing authority.

### **ENTRY INTO EFFECT AND CESSATION OF BENEFITS**

The benefits set forth in this information guide take effect as of midnight on 1 January 2018 and apply to *Claims* for which the *Occurrence* takes place after midnight on 1 January 2018.

The benefits apply to *Insured Parties* only as of the date on which the *Card* is issued and for as long as it is valid. However, reporting the loss or *theft* of the *Card* does not suspend the benefits.

Access to benefits will cease for each *Insured Party*:

- in the event of total withdrawal of the *Insurer's* authorisation pursuant to Article L. 326-12, paragraph 1 of the French Insurance Code,
- on cancellation of the *Card*,
- in any case, on the date on which the *Policy* terminates or expires.

Non-renewal of the *Policy* entails cessation of benefits for each *Insured Party* as of the effective termination date of the *Policy*.

### **PROVISION OF INFORMATION**

This information guide describes the benefits, exclusions and obligations of the *Insurer* and *Insured Parties*.

It is agreed with the *Insurer* that liability for adequately informing the *Cardholder* is incumbent upon the *Issuer*.

The *Issuer* is committed to informing the *Cardholder*, by any means he deems appropriate, about the coverage set forth in this information guide. If the terms of cover change or this *Policy* is terminated, the *Issuer* will inform the *Cardholder* by any means he deems appropriate in accordance with the terms and conditions of the *Card* agreement concluded with the *Issuer*.

### **GOVERNING LAW**

This *Policy* is governed by French law. If there is any difference of legislation between the French Penal Code and prevailing local criminal law, it is agreed that the French Penal Code will prevail, regardless of the country in which the *Claim* occurs.

### **JURISDICTION**

This *Policy* is governed solely by French law. Any dispute arising from the performance, non-performance or interpretation of this *Policy* shall be heard exclusively by the French courts.

### **DATA PROTECTION**

Pursuant to Act 78-17 of 6 January 1978 as amended by the French Data Protection Act of 6 August 2004, *Insured Parties* have a right to access, modify, rectify or remove any personal data relating to them in any computer files for the use of the *Insurer*, its agents and the professional organisations concerned.

These rights may be exercised at the following address: IT and Data Protections Officer - SDGAC - 8/14 Avenue des Frères Lumière - 94368 Bry-sur-Marne Cedex.

The *Insurer* is prohibited from disclosing or transferring the aforementioned information directly or indirectly to unauthorised third parties and undertakes to take all necessary precautions to preserve the confidentiality, integrity, security and preservation of personal data during the duration of his relations with the *Insured Parties* and in particular to prevent them from being distorted, damaged or communicated to unauthorised persons, whether they be private or public, natural or legal persons.

The *Insurer* therefore undertakes to respect the following obligations and to have them respected by its staff and, if applicable, its subcontractors:

- to process any personal data under the strict and necessary framework of the services to be carried out according to the missions which are entrusted to it, during the duration of its relations with the *Insured Party*,
- not to make any copy of the personal data entrusted to it, nor any documents and information media relating thereto, other than in the strict context of the performance of its services and for the duration of the relationship with the *Insured Party*,
- not to use the personal data for purposes other than the performance of its services and for the duration of its relations with the *Insured Party*,
- take any measure necessary to prevent fraudulent or misappropriated use of computer files relating to the personal data.

The *Insurer* declares to be up to date with its declarative obligations regarding its processing of personal data and to comply with the applicable legal and regulatory provisions.

*Insured Parties* are informed that telephone conversations in connection with the management of *Claims* may be recorded for evidentiary purposes, as well as for service quality monitoring and staff training purposes. *Insured Parties* may express their consent or object to such recording by expressing their refusal to their contact person. These records will be kept for a maximum of six months.

### **SUPERVISORY AUTHORITY**

The *Insurer* is subject to review by the French Prudential Supervisory Authority (Autorité de Contrôle Prudentiel et de Résolution) located at 61 rue Taitbout 75436 Paris Cedex 09.

## WHAT TO DO IN THE EVENT OF A CLAIM

The *Insured Party* may report a *Claim*:

- by telephone, 24/7, by calling the number on the back of the *Card*.
- online at <https://ca-assuranceassistanceecarte.com>
- by post addressed to “Service Gestion Assurance Carte – TSA 80338 – 94368 Bry sur Marne Cedex” clearly providing a contact number in order to complete the statement.

### TIME LIMIT FOR REPORTING CLAIMS

Except where otherwise provided, the *Insured Party* is required to report truthfully and with exact details any *Claim* for which he may seek compensation under this policy within 20 (twenty) days of the *Occurrence*.

In the event of non-compliance with this obligation, the *Insurer* may reduce the amount of compensation paid in proportion to the harm he has been subjected to as a result of this failure up to the complete forfeit of the *Insured Party*'s rights.

This clause cannot be invoked against the *Insured Party* if it is found that the delay in reporting a *Claim* is due to unforeseeable circumstances or *Force majeure* making this impossible (Article L.113-2 of the French Insurance Code).

### LIMITATION PERIOD (Articles L.114-1, L.114-2 et L.114-3 of the French Insurance Code)

Article L.114-1 of the French Code of Insurance:

‘Any action arising from an insurance policy is time-barred two years after the event from which it arises.

However, this period runs:

1. In the event of termination, omission, false or inaccurate statements concerning the risk undertaken, only as of the day on which the *Insurer* becomes aware of this.
2. In the event of a *Claim*, only as of the day on which the interested parties were apprised of the claim event, if they can prove that they were previously unaware of it.

Where the *Insured Party*'s action against the *Insurer* originates in a *Third-party* claim, the limitation period runs only from the day on which the *Third party* brought legal action against the *Insured Party* or was compensated by him.

The limitation period is extended to ten years for life insurance policies where the *Beneficiary* is someone other than the policyholder and for policies insuring against accidents to persons where the *Beneficiaries* are the assigns of the deceased *Insured Party*. For life insurance policies, notwithstanding the provisions in 2., the *Beneficiary*'s actions must be brought within thirty years from the death of the *Insured Party*.’

The limitation period enables the *Insurer* to relieve himself of his benefit obligation. It is a dismissal (Article 122 of the French Code of Civil Procedure) of judicial proceedings and it may be raised at any stage in proceedings (Article 123 of the French Code of Civil Procedure).

The two-year limitation period includes in particular:

- Nullity actions or termination of the *Policy*;
- Payments for the *Claim* brought against the *Insurer* by the *Insured Party*;
- Actions arising from the breach of providing information by the *Insurer*;
- Actions brought by a life insurance underwriter against the *Insurer*, actions for damages in particular;
- Liability actions for the *Claim* brought against the *Insurer* by the *Insured Party*;

The expression ‘incident that gave rise to them’ mentioned by Article L.114-1 of the French Insurance Code refers to the regulation of a *Claim* from the date of *Occurrence* of this *Claim*.

Article L. 114-2 of the French Insurance Code:

‘The statute of limitations is interrupted by any ordinary cause of interruption and by the appointment of experts following a *Claim*. The limitation period may also be interrupted by the sending of a registered letter with acknowledgment of receipt by the *Insurer* to the *Insured Party* concerning action for payment of the premium or by the *Insured Party* to the *Insurer* concerning payment of compensation.’

The limitation period is interrupted by any ordinary cause of interruption (Articles 2240 to 2249 of the French Civil Code) such as:

- Debtor's acknowledgment of the claimant's right,
- Writ of summons, even in expedited procedure,
- Conclusions filed in proceedings,
- Enforcement,
- Order to pay,

- Seizure,

and the appointment of experts following a *Claim*. This interruption is only effective against the *Insurer* where the *Insurer* has been summoned or has taken part in expert assessments.

The limitation period may also be interrupted by the sending of a registered letter with acknowledgment of receipt by the *Insurer* to the *Insured Party* concerning action for payment of the premium or by the *Insured Party* to the *Insurer* concerning payment of compensation.

Sending a letter, even if the receipt of which is acknowledged by the *Insurer*, cannot act as an interruption as provided for by article L.114-2 of the French Insurance Code.

Article L.114-3 of the French Insurance Code:

‘As an exception to article 2254 of the Civil Code, the parties to the insurance contract cannot, even by joint agreement, modify the duration of the statute of limitations nor add to the causes of its suspension or interruption.’

## **BURDEN OF PROOF**

It is for the *Insured Party* to prove the reality of the *Claim*, bearing in mind that any claim not supported by sufficient evidence and information to prove the materiality of the facts may be rejected.

## **SUPPORTING EVIDENCE TO BE PROVIDED IN THE EVENT OF A CLAIM**

For all benefits:

- the compensation claim form sent after a claim has been reported and completed by the *Insured Party*,
- the *Card* statement sent after a claim has been reported and completed by the bank branch of the *Insured Party*,
- a *Card* statement showing payment of services and/or insured assets,
- a bank account number with IBAN and BIC numbers,
- evidence of entitlement of the *Insured Party* or *Beneficiary*: identity documents, family record book, PACS (Civil Solidarity Pact) certificate, cohabitation certificate, utility bill, tax notice stating the fiscal dependence of ascendants and descendants, a copy of the disability card for dependent ascendants, certificate of inheritance, etc.

For each benefit:

To be aware of all supporting documents necessary to consider a request, the *Insured Party* must refer to the conditions for each document (SPECIFIC SUPPORTING DOCUMENTS TO BE PROVIDED IN THE EVENT OF A CLAIM).

**As a general rule, expenses will be assumed only where supported by invoices.**

## **COMPENSATION FOR THE CLAIM**

Compensation will be paid, after receipt of all the supporting documents, within 15 (fifteen) days following agreement between the parties or an enforceable court judgment.

It is paid by bank transfer in euros, net of tax, into the *Insured Party's* bank account. If purchases are made in a foreign currency, account will be taken of the sum debited from the *Insured Party's* account in euros.

## **COMPLAINTS / MEDIATION**

If the *Insured Party* encounters difficulties with regard to the service provided under this *Policy* of the Card Insurance Management Service, he should first contact the Complaints Department intervening for the *Insurer* as representative:

SDGAC

Complaints Department

8/14 Avenue des Frères Lumière

94368 Bry-sur-Marne Cedex

In the event of disagreement over the response from the Complaints Department, the *Insured Party* may submit a complaint directly to the *Insurer*:

CAMCA - Complaints Department

53 rue La Boétie

CS40107

75380 Paris Cedex 08

As of the date of receipt of the *Insured Party's* complaint, the *Insurer* and/or its SDGAC representative undertakes:

- to send the *Insured Party* an acknowledgment of receipt within 10 (ten) working days,
- to respond to the complaint within 2 (two) months at most.

In the event that the *Insurer's* response does not satisfy the *Insured Party*, the *Insured Party* may then enter “The Insurance Mediation” scheme, a body independent from the Insurer, and this without prejudice to other legal action:

- either by email or on the following website: [www.mediation-assurance.org](http://www.mediation-assurance.org).
- or by postal mail addressed to:

Insurance Mediation TSA 50110 - 75441 PARIS CEDEX 09

The examination of the Insured's file will not commence until the complete file has been received. The mediator shall give an opinion within 3 (three) months after the receipt of the complete file, the *Insured Party* retains the right to appeal to a court of law.

### **SUBROGATION OR RECOURSE AGAINST PERSONS RESPONSIBLE FOR THE CLAIM**

As provided in Article L.121-12 of the French Insurance Code, the *Insurer* is subrogated for all benefits in all rights and actions of the *Insured Party* up to the amount of the sums it pays against any person responsible for the *Claim*.

### **EXPERT ASSESSMENT**

Damage is assessed by mutual agreement or, failing that, by expert opinion, without prejudice to the parties' respective rights. Each party, i.e. the *Cardholder* and the *Insurer*, chooses an expert. If the experts thus appointed do not agree, they appoint a third expert. The three experts operate by mutual agreement and by majority vote. If either party fails to appoint an expert, or if the two experts fail to agree on the choice of a third, the Tribunal de Grande Instance de Paris (Paris District Court) will make the appointment. Such appointment is made on an application by either party submitted at the earliest 15 days after the other party has been served notice by registered letter with acknowledgment of receipt. Each party shall pay its expert's fees and expenses and, where relevant, half the fees of the third expert and the costs of his appointment.

**In all events, for the ‘Permanent disability’ benefit, the *Insurer* will commission a medical examination in order to determine the level of *Permanent Disability* according to the disability table for work-related accidents as provided for by contract.**

### **CONCURRENT INSURANCE POLICIES**

In accordance with Article L.121-4 of the French Insurance Code, whoever is insured with several insurers under several policies for a same interest against a same risk must immediately inform each insurer of the other insurers. On doing so, the *Insured Party* must state the name of the insurer with which another policy has been taken out and the amount insured. Where several policies have been taken out without fraud, each of them is effective within the limits of the benefits provided and in compliance with the provisions of the French Insurance Code.

## DESCRIPTION OF BENEFITS

The benefits are solely applicable for the *Cardholder*, subject to the conditions set forth in this notice, the status of *Insured Party* for account being conferred automatically, without any other condition or measures on the part of the *Cardholder*.

Except where otherwise stated, the *Insured Party* is covered under the imperative condition that the insured service or insured item was paid, in total or in part, on the *Card* before the *Occurrence of the Claim*.  
To find out the goods or services concerned, the *Insured Party* should refer to the conditions for each benefit.

### PREAMBLE

All terms written in *italics* in this *Policy* are subject to definition in COMMON DEFINITIONS or SPECIFIC DEFINITIONS. **When the same term appears, the SPECIFIC DEFINITIONS prevail over the COMMON DEFINITIONS.**

### GEOGRAPHICAL SCOPE

**Except where otherwise provided**, benefits apply WORLDWIDE.

### COMMON DEFINITIONS

#### *Accident*

Any hard or bodily injury, unintentional on the part of the *Insured Party*, elicited by a sudden action of cause external to the victim and ascertained by a competent medical authority.

#### *Insured Party*

The following may be considered as *Insured Parties*:

- the *Cardholder*,
- his *Partner*,
- their children and grandchildren, including those by marriage, under 25 years of age when they are fiscally dependent on at least one of their parents,
- their ascendants and descendants regardless of age when they are holders of the disability card provided for in Article L.241-3 of the French Family and Social Action Code:
  - if they are fiscally dependent on the *Cardholder* or his *Partner*
  - or
  - they receive maintenance from the *Cardholder* and/or his *Partner* that entitles them to a deduction from their income tax notice.

**These persons must have the status of an *Insured Party* on the day of *Occurrence of the Claim*.**

*Insured Parties* are covered whether they travel alone or together.

#### *Insurer*

CAMCA.

#### *Card*

The "MasterCard" card issued by the *Issuer* to which the benefits are attached.

If goods or services are paid for with another card issued by the *Issuer*, the *Insured Parties* may claim the more favorable benefits attached to the highest card in the range, though they may not combine the benefits. This rule does not apply between cards issued for non-business use and cards issued for business use.

#### *Partner*

The *Partner* is:

- the *Cardholder's* non-separated and non-divorced spouse, or
- the person with whom the *Cardholder* has concluded a currently valid Pacte Civil de Solidarité (Civil Solidarity Pact, PACS).
- the person who cohabits with the *Cardholder*.

Proof of *Partner* status will be provided:

- in the case of marriage, with a family record book,

- in the case of a Civil Solidarity Pact (PACS), with the PACS certificate,
- proof of cohabitation is provided by a cohabitation certificate drawn up prior to the date of the *Claim* or, failing that, by tax notices bearing the same address or utility bills in both names dating from before the *Occurrence* of the *Claim*.

#### *Policy*

Insurance Policy no. 10 004 847.

#### *Domicile*

The *Insured Party's* primary place of residence.

#### *Issuer*

The bank which issues the *Card*.

#### *Force Majeure*

Any unforeseeable and irresistible event occurring without human agency such as to render performance of the *Policy* absolutely impossible, as customarily recognised by the case law of the French courts, is deemed to have been caused by force majeure.

#### *Deductible*

The part of the *Claim* for which the *Insured Party* is responsible set forth in this *Policy* in the event of compensation following a *Claim*. The *Deductible* may be expressed in figures, percentages, days, hours or kilometers.

#### *Claim*

The occurrence of an event provided for in the *Policy* to which this guide applies.

#### *Occurrence of the Claim*

The date on which the insured event occurs, namely the event that is the proximate cause of the damage.

#### *Third Parties*

Any person other than:

- the *Cardholder* and his *Partner*,
- their ascendants and descendants,
- their employees, whether paid by the *Insured Party* or not, in the performance of their duties.

#### *Cardholder*

The individual whose surname and forename appear on the front of the *Card*.

#### *Transport*

The means by which the *Insured Party* undertakes *Travel*: by air, rail, road, sea or waterway.

#### *Public Transport*

Any means of collective passenger *Transport* that has been authorised for the public carriage of travellers and for which a *Transport* licence has been issued.

#### *Journey To or From a Point of Arrival*

The most direct route to take between the *Insured Party's Place of Residence* and usual place of work and his point of departure for *Travel* (airport, train station, port). (Inbound *Travel*).

#### *Journey To or From a Point of Departure*

The most direct route to take between the *Insured Party's Place of Residence* and usual place of work and his point of departure for *Travel* (airport, train station, port). (Outbound *Travel*)

#### *Rented Vehicle*

Any registered four-wheeled land vehicle under a rental agreement with a company specialising in vehicle hire.

#### *Theft*

Fraud committed by breaking and entering, assault or subterfuge.

#### *Travel*

Any journey made for private or business purposes **of more than 100 (one hundred) km (Deductible of 100 (one hundred) km)** from the *Insured Party's* domicile or habitual place of work. *Travel* begins when the *Insured Party* leaves his residence or usual place of work and ends when the *Insured Party* returns to one of these locations.

**Regardless of the duration of *Travel*, the *Insured Party* may only benefit from cover during the first 90 (ninety) days of**

**Travel.****COMMON EXCLUSIONS**

Except where otherwise explicitly provided below, the following are excluded:

- civil or foreign war, a generally acknowledged state of political instability or popular movements, riots, terrorist acts, reprisals, restrictions on the free movement of people and goods, strikes if the *Insured Party* takes an active part in them, disintegration of atomic nuclei or any ionising radiation and any other case of *Force Majeure*,
- intentional or malicious acts by the *Insured Party* or his *Partner*, ascendants or descendants,
- suicide or attempted suicide by the *Insured Party*,
- accidents caused by the *Insured Party's* use of drugs, narcotics or tranquilisers not under medical prescription,
- *Accidents* as a result of driving under the influence of alcohol, determined by the presence in the blood of a pure alcohol level equal to or higher than the level set by the prevailing drink-driving laws in France at the time of the *Accident*,
- the consequences of incidents that occur while practising an air or high-risk sport, including in particular hang-gliding, polo, skeleton, bobsleigh, ice hockey, scuba diving, caving and potholing, bungee jumping and any sport requiring the use of a motor,
- participation in competitions requiring a licence,
- involvement in gambling, fighting or brawling,
- the absence of risk, that is the *Occurrence* or absence of uncertainty of *Occurrence* of a *Claim* prior to coverage taking effect.

## **DEATH/PERMANENT DISABILITY**

### **SPECIFIC DEFINITIONS**

#### *Accident on a Journey To or From a Point of Departure or Arrival*

Any *Accident* of which the *Insured Party* is a victim during a *Journey To or From a Point of Departure or Arrival*:

- as a passenger on *Public Transport*, the ticket for which has been paid for with the *Card*,
- as a passenger or driver of a *Rented Vehicle*, the rental of which has been paid for with the *Card*,
- as a passenger or driver of a private vehicle.

#### *Travel Accident*

Any *Accident* of which the *Insured Party* is a victim during *Travel*:

- as a passenger on *Public Transport*, the ticket for which has been paid for with the *Card*,
- as a passenger or driver of a *Rented Vehicle*, the rental of which has been paid for with the *Card*.

#### *Beneficiary*

In the event of *Death*, and unless otherwise stipulated to the *Insurer* by the *Insured Party* in a written and signed document, the beneficiary is the *Insured Party's* surviving non-separated or non-divorced spouse, or failing that the *Insured Party's* born or unborn children in equal shares, or failing that the assigns of the *Insured Party*.

In all other events to which the cover applies, the *Beneficiary* is the *Insured Party*.

#### *Consolidation*

Date as of which the condition of the injured person or patient is considered stable from a medical standpoint.

#### *Death*

Medical ascertainment of *Death* or *Disappearance*.

#### *Disappearance*

When the body of the *Insured Party* is not found in the year following the date of disappearance or destruction of the mode of *Transport* on which he was travelling at the time the *Accident* occurred, the *Insured Party* is presumed dead following this *Accident*.

#### *Family*

All *Insured Parties*.

#### *Permanent Disability*

Reduction of the physical or mental potential of a person whose condition is consolidated.

#### *Illness*

Sudden and unpredictable deterioration of the *Insured's* health as determined by a competent medical authority.

### **SCOPE OF COVER**

The *Policy* seeks to cover the *Death* and *Permanent Disability* of the *Insured Party* following the *Occurrence* of one of the following insured events only:

- *Travel Accident*
- *Accident on a Journey To or From a Point of Departure or Arrival*.

The cover also extends to *Death* or *Permanent Disability* arising from the *Insured Party's* involuntary exposure to the natural elements as a result of an *Accident*.

#### **THE AMOUNT OF COVER VARIES ACCORDING TO THE INSURED EVENT AND MODE OF TRANSPORT :**

##### **1) TRAVEL ACCIDENT**

On board *Public Transport*:

- ◆ In the event of *death* occurring immediately or within 100 (one hundred) days of the date of the *Accident*, the *Insurer* will pay the *Beneficiary* a capital sum of **€95,000**.
- ◆ In the event of *Permanent Disability* occurring within 2 (two) years of the date of the *Accident*, the *Insurer* will pay the *Insured Party* a **variable** capital sum of up to **€95,000 according to the compensation table for work-related accidents**.

On board a *Rented vehicle*:

- ◆ In the event of *death* occurring immediately or within 100 (one hundred) days of the date of the *Accident*, the *Insurer* will

pay the *Beneficiary* a capital sum of **€46,000**.

- ◆ In the event of *Permanent Disability* occurring within 2 (two) years of the date of the *Accident*, the *Insurer* will pay the *Insured Party* a **variable** capital sum of up to **€46,000 according to the compensation table for work-related accidents**.

## 2) ACCIDENT ON A JOURNEY TO OR FROM A POINT OF DEPARTURE OR ARRIVAL

On board *Public Transport*:

- ◆ In the event of *death* occurring immediately or within 100 (one hundred) days of the date of the *Accident*, the *Insurer* will pay the *Beneficiary* a capital sum of **€46,000**.
- ◆ In the event of *Permanent Disability* occurring within 2 (two) years of the date of the *Accident*, the *Insurer* will pay the *Insured Party* a **variable** capital sum of up to **€46,000 according to the compensation table for work-related accidents**.

On board a *Rented Vehicle* or private vehicle:

- ◆ In the event of *death* occurring immediately or within 100 (one hundred) days of the date of the *Accident*, the *Insurer* will pay the *Beneficiary* a capital sum of **€46,000**.
- ◆ In the event of *Permanent Disability* occurring within 2 (two) years of the date of the *Accident*, the *Insurer* will pay the *Insured Party* a **variable** capital sum of up to **€46,000 according to the compensation table for work-related accidents**.

If *death* occurs before final *Consolidation* of the *Permanent Disability*, the capital sum provided for in the event of death will be paid minus any sums that may have been paid in respect of the *Permanent Disability*. Two benefits cannot be combined when implemented for the same *Claim*.

## DURATION OF COVER

Cover begins when *Travel* begins and ends when this ends **up to the first 90 (ninety) days of travel, after which Claims are not covered**.

## INSURER'S MAXIMUM PAYOUT

In all cases, regardless of the number of *Insured Parties* involved in the accident, the maximum amount of compensation will not exceed **per Claim per Family**:

- for a *Travel Accident*: **€95,000**
- for an *Accident on a Journey To or From a Point of Departure or Arrival*: **€46,000**

**If there is more than one *Insured Party*, the compensation amount will be divided equally between the number of *Insured Parties* suffering an *Accident*.**

## SPECIFIC EXCLUSIONS

In addition to the common exclusions (refer to COMMON EXCLUSIONS), the following are also excluded:

- *Travel* on board aircraft rented by the *Insured Parties* for private or professional use,
- bodily injury resulting from participation in reserve training or military operations or while on national service,
- bodily injury resulting from lesions caused directly or indirectly, partly or entirely by:
  - any form of *Illness*,
  - bacterial infections except for pyogenic infections resulting from an accidental cut or wound,
  - medical treatment or surgical operations unless they are the result of an *Accident*.

## SUPPORTING EVIDENCE TO BE PROVIDED IN THE EVENT OF A CLAIM

In addition to common supporting evidence (refer to SUPPORTING EVIDENCE TO BE PROVIDED IN THE EVENT OF A CLAIM), the *Insured party* must produce the following documents:

In all events:

- any document or documents likely to prove the materiality of the *Accident*,

In the event of *Death*:

- a copy of the death certificate,
- the medical certificate establishing the causal link between the *Accident* and the *Death*, to be completed and signed by the practitioner who ascertained *Death*. If the causal link cannot be established from the certificate, the *Beneficiaries* must provide all supporting evidence from which such a causal link may be established (police report, press cuttings, etc.),
- a copy of the police report indicating the number of the report and the contact details of the police or gendarmerie station where it was drawn up,
- the contact details of the notary responsible for settling the estate.

In the event of *Permanent Disability*:

- a medical certificate enabling the *Insurer* to assess the validity of the claim for compensation, in particular establishing a causal link between the *Accident* and the state of *Permanent Disability*. If the causal link cannot be established from the certificate, the *Beneficiaries* must provide all supporting evidence from which such a causal link may be established (police report, press cuttings, etc.),
- the medical certificate of *Consolidation* of the *Insured Party's* state of health,
- notification of the level of *Permanent Disability* from the social security scheme: **in all events, the *Insurer* will commission a medical examination in order to determine the level of *Permanent Disability* according to the disability table for work-related accidents as provided for by the contract.**

**SUMMARY TABLE OF BENEFITS*****Death/Permanent Disability****Death/Permanent Disability***For a Travel Accident: up to €95,000****For an Accident on a Journey To or From a Point of Departure or Arrival: up to €46,000**

This overview is only a summary of benefits, for which the terms, restrictions, *Deductibles* and exclusions are defined below.