

## MASTERCARD GOLD - BENEFIT SCHEDULE

BENEFIT TABLE	All benefit amounts are per <b>beneficiary</b> per <b>trip</b> unless otherwise noted
<b>Section A – Missed Departure/ Missed Connection</b>	
Maximum in total for all beneficiaries and fellow travellers travelling together	up to € 200
<b>Section B – Delayed Departure</b>	
Maximum in total for all beneficiaries and fellow travellers travelling together	up to € 200
<b>Section C - Involuntary Denial of Boarding</b>	
Maximum in total for all beneficiaries and fellow travellers travelling together	up to € 200
<b>Section D - Baggage Delay</b>	
Baggage Delay, after 4 hours, in total for all beneficiaries and fellow travellers travelling together	up to € 250
Extended Baggage Delay, after 48 hours, in total for all beneficiaries and fellow travellers travelling together	up to an additional € 500
<b>Section E - Travel Accident</b>	
Travel Accident and Stay Abroad, maximum	up to € 250,000
- Loss of Life, 16 years of age and over	€ 250,000
- Loss of Life under 5 years of age	€ 10,000
- Loss of Life 5 – 15 years of age	€ 20,000
- Permanent Total Disablement	up to € 250,000
Rental Car Accident, Loss of life or Permanent Total Disablement	up to € 100,000
Search and/or Repatriation of Mortal Remains	€ 30,000
Groups covered per incident	€ 5,000,000

National Bank of Greece (Cyprus) Ltd. is the only **Policyholder** under the insurance Policy and only it has direct rights under the policy against the insurer. This agreement does not give **you** direct rights under the Policy of insurance. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit.

### ELIGIBILITY

The benefits summarised in this document are dependent upon **you** being a valid National Bank of Greece (Cyprus) Ltd. MasterCard Gold **Cardholder** at the time of any incident giving rise to a claim. National Bank of Greece (Cyprus) Ltd. will give **you** notice if there are any material changes to these terms and conditions or if the Policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions relating to National Bank of Greece (Cyprus) Ltd. MasterCard Gold **Cardholders** and is the basis on which all claims **you** make will be settled.

### INSURER

Benefits under this Policy are underwritten by Inter Partner Assistance (IPA), whose registered branch office in Ireland is 10/11 Mary Street, Dublin 1, Ireland (company number 906006) and is regulated by the Central Bank of Ireland. IPA is a branch of Inter Partner Assistance SA, a Belgian firm of Avenue Louise, 166 bte1, 1050, Brussels, which is authorised in Belgium by l'Autorité des Services et Marchés Financiers. Some of the services under this Policy will be provided by IPA's agent, AXA Travel Insurance (company number 426087), of the same Ireland address. All companies are members of the AXA Assistance Group.

### IMPORTANT INFORMATION

1. Claims arising directly or indirectly from any **pre-existing medical conditions** are NOT covered.
2. If injury or loss happens you should immediately call **AXA Assistance** on +357 222 32286.
3. All benefit amounts listed in the **Benefit Table** are per **beneficiary per trip** unless otherwise noted.
4. These benefits will be governed by the laws of Cyprus unless **we** have specifically agreed in writing otherwise.
5. **You** are covered worldwide for trips of up to 60 consecutive days outside of the country of residence or in the country of residence subject to a minimum of 2 nights' pre-booked accommodation, for which 100% of the total cost of the travel ticket and/or accommodation has been charged to **your covered card**. **Trips** must begin and end in the **country of residence**.

### DEFINITIONS

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this Benefit Schedule (unless otherwise noted) and is highlighted in bold print.

#### **You/your/beneficiary(ies)**

– the **Cardholder** and his/her spouse or legal partner (any couple, including same-sex, in a common law relationship living permanently at the same address), their children, aged under 25 who are financially dependent (according to the regulations of the country of residence) on the **Cardholder**, all living in the **country of residence** and travelling on a **trip**.

**Beneficiaries** are covered for benefits when travelling independently of one another.

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### INTRODUCTION

This document is not a contract of insurance but summarises the benefits provided to **you** by virtue of **your** holding a MasterCard Gold Card through National Bank of Greece (Cyprus) Ltd.. The provision of those benefits is enabled by an insurance policy held by and issued to National Bank of Greece (Cyprus) Ltd. by Inter Partner Assistance (policy number 5534349).

#### **We/us/our**

– Inter Partner Assistance, 10/11 Mary Street, Dublin 1, Ireland and/or Inter Partner Assistance SA (IPA), Avenue Louise, 166 bte1, 1050, Brussels, Belgium and/or AXA Travel Insurance of the same Irish address. All companies are members of the AXA Assistance Group.

#### **Policyholder**

– National Bank of Greece (Cyprus) Ltd., 15, Arch. Makarios III Ave, Nicosia, Cyprus, 1597.

#### **Adverse weather conditions**

– rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.

#### **AXA Assistance**

– the service provider, arranged by AXA Travel Insurance 10/11 Mary Street, Dublin 1, Ireland (company number 426087).

#### **Benefit Table**

– the table listing the benefit amounts on page 1.

#### **Bodily injury**

– an identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.

#### **Cardholder**

– the holder of a **covered card**.

#### **Close relative**

– mother, father, sister, brother, spouse, partner or fiancé/fiancée or Common-Law Partner (any couple, including same-sex, in a common law relationship living permanently at the same address) daughter, son, (including adopted daughter or son), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, legal ward, of the **Cardholder**.

#### **Country of residence**

– the country in which **you** legally reside.

#### **Covered Card**

– a MasterCard Gold Card, issued by National Bank of Greece (Cyprus) Ltd., the card being valid and the account in good standing at the time of the incident.

#### **Fellow traveller**

– all persons travelling with the **Cardholder** on a **trip** whose travel ticket has been charged to the **covered card**.

#### **Home**

– **your** normal place of residence in **your country of residence**.

#### **Loss of limb**

– loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

#### **Loss of sight**

– total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what **you** should see at 60 feet.)

#### **Medical condition(s)**

– any medical or psychological disease, sickness, condition, illness or injury that has affected **you**.

#### **Medical practitioner**

– a legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any travelling companion.

#### **Period of cover**

– cover begins for any **trip** commencing on or after 01/01/2013. Cover will end when the card account is terminated or when these benefits are cancelled or expire.

The period of any **trip** may not exceed 60 consecutive days. **Trips** must begin and end in the **country of residence**.

The benefits commence when **you** leave **your home** or hotel, or **your** place of business (whichever is the later) to commence the **trip** and terminates at the time **you** return to **your home**, hotel or place of business (whichever is the earlier) on completion of the **trip**.

#### **Extension to the period of cover**

The **period of cover** is automatically extended for the period of the delay in the event that **your** return to **your country of residence** is unavoidably delayed due to an event covered by this Benefit Schedule.

#### **Permanent total disablement**

– disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevent **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life.

#### **Personal belongings**

- baggage, clothing, personal effects, and other articles which belong to **you** and are worn, used or carried by **you** during any **trip**.

#### **Pre-existing medical condition(s)**

- any past or current **medical condition** that has give rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to the commencement of cover under this policy and/or prior to any **trip**; and
- any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to commencement of cover under this Benefit Schedule and/or prior to any **trip**.

#### **Public transport**

– any public transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service on which **you** are booked to travel.

#### **Sports and activities**

– the activities listed on page 4 for which **your** participation in during your **trip** is not the sole or main reason for **your trip**.

#### **Strike or industrial action**

– any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

#### **Terrorism**

– an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation (s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

#### **Trip**

- any holiday, or journey for business or pleasure made by **you** during the **period of cover** of a maximum of 60 days outside of the country of residence or in the country of residence subject to a minimum of 2 nights' pre-booked accommodation, for which 100% of the total cost of the travel ticket and/or accommodation has been charged to **your covered card**.

## **EMERGENCY ASSISTANCE**

Contact **AXA Assistance** on Telephone: +357 222 32286.

## **GENERAL CONDITIONS**

**You** must comply with the following conditions to have the full protection of the Benefit Schedule. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. **You** are covered for trips of up to 60 consecutive days. **Trips** must begin and end in the **country of residence**.
2. **You** must take all reasonable care and precautions to protect **yourself** against accident or injury. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident.
3. **We** ask that **you** notify **us** within 30 days of **you** becoming aware of any incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
4. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the loss. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
5. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
6. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense. In the event of **your** death **we** may also request and will pay for a post-mortem examination.
7. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
  - a) take over the defence or settlement of any claim;
  - b) take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
  - c) take any action to get back any lost property or property believed to be lost.
8. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this policy shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
9. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.
10. **We** will make every effort to apply the full range of services in all circumstances as shown in **your** Policy booklet. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
11. **We** may at any time pay to **you** **our** full liability under the Policy after which no further payments will be made in any respect.
12. If at the time of any incident which results in a claim under this Benefit Schedule, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section E – Travel Accident).
13. If you possess multiple National Bank of Greece (Cyprus) Ltd. cards you may only claim and we will only pay up to the highest limit of the cards, the benefit values will not be cumulative.

## **GENERAL EXCLUSIONS**

These exclusions apply throughout **your** Benefit Schedule. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section E – Travel Accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
4. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
5. **Your** participation in or practice of any sport or activity unless it is shown as covered in the list of **Sports and Activities** on page 4.
6. **Your** engagement in or practice of: manual work involving the use of dangerous equipment in connection with a profession business or trade, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless a full driving licence issued in **your country of residence** is held permitting the use of such vehicles, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, or any tests for speed or endurance.
7. Any claim resulting from you attempting or committing suicide; deliberately injuring yourself; using any drug not prescribed by a registered medical practitioner, being addicted to any drugs, or abusing solvents, drugs, or alcohol, or being under the influence of drugs, solvents, or alcohol.
8. Self exposure to needless peril (except in an attempt to save human life).
9. Any claim resulting from your involvement in a fight except in self-defence.
10. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
11. **Your** own unlawful action or any criminal proceedings against **you**.
12. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other Insurance, or any amount recoverable from any other source, had these benefits herein not been effected.
13. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of your business, inconvenience, distress, or loss of enjoyment.
14. Operational duties as a member of the Armed Forces.
15. **Your** travel to a country or specific area or event to which a government agency in the **country of residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.
16. Any claim caused by you climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
17. Any costs you would have been required or been expected to pay, if the event resulting in the claim had not happened.
18. Any circumstances you are aware of that could reasonably be expected to give rise to a claim on this policy.
19. Costs of telephone calls or faxes.
20. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.

## **SPORTS AND ACTIVITIES**

**You** are covered for the following activities provided your participation in them is not the sole or main reason for **your trip**.

Badminton
Baseball
Basketball
Bowling
Camel Riding
Canoeing (up to grade/class 2)
Cricket
Fishing
Football
Golf
Hockey
Horse Trekking
Ice Skating (on recognised ski rinks)
Kitesurfing
Monoskiing
Netball
Orienteering
Pony Trekking
Racquetball
Road Cycling
Roller skating
Rounders
Running
Sailing (within 20 Nautical Miles of the coastline)
Scuba diving (Unqualified and above 18 metres)
Squash
Surfing
Table Tennis
Tennis
Trampolineing
Trekking (Up to 4000 metres without use of climbing equipment)
Volleyball
Water polo
Water Skiing
Wind Surfing
Yachting (within 20 Nautical Miles of the coastline)
Zorbing

## **SECTION A - MISSED DEPARTURE/ MISSED CONNECTION**

### **WHAT IS COVERED**

If **you** fail to arrive at the international departure point in time to board the scheduled **public transport** on which **you** are booked to travel on the initial international journey of the **trip** as a result of:

1. the failure of other scheduled **public transport**; or
2. an accident to or breakdown of the vehicle in which **you** are travelling;

**we** will pay up to the amount shown in the **Benefit Table** per **trip** for all **beneficiaries** and **fellow travellers** travelling together for reasonable meals, refreshments, additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or connecting flights outside the **country of residence**.

### **SPECIAL CONDITIONS**

1. **You** must allow sufficient time for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. **You** must obtain a written report from the carrier confirming the delay and cause.
3. **You** must retain all receipts.
4. **You** must obtain a written report from the police or attending emergency service if the vehicle **you** are travelling in breaks down or is involved in an accident.
5. **You** may claim only once under Section A – Missed Departure/Missed Connection or once under Section B – Delayed Departure or once under Section C – Involuntary Denial of Boarding for the same event, not twice or all.

6. Anything mentioned in GENERAL CONDITIONS on page 3.

### **WHAT IS NOT COVERED**

1. **Strike or industrial action** existing or declared publicly by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
2. An accident to or breakdown of the vehicle in which **you** are travelling for which a professional repairers report is not provided.
3. Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions.
4. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
5. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
6. Missed departure when less than a minimum connection time of 2 hours between connecting flights at an international point of departure has been arranged or longer if flight reservations systems require longer periods for connections.
7. Any expenses when reasonable alternative travel arrangements have been made available within 4 hours of the scheduled departure time or within 4 hours of an actual connecting flight arrival time.
8. Anything mentioned in GENERAL EXCLUSIONS on page 3.

## **SECTION B – DELAYED DEPARTURE**

### **WHAT IS COVERED**

If departure of the scheduled **public transport** on which **you** are booked to travel is delayed at the final departure point from or to the **country of residence** for at least 4 hours from the scheduled time of departure due to:

- a) **strike or industrial action** or
- b) **adverse weather conditions** or
- c) mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel

**we** will pay **you** up to the amount shown in the **Benefit Table** after a minimum of 4 hours delay, up to a maximum of the amount shown in the **Benefit Table** for **beneficiaries** and **fellow travellers** travelling together.

### **SPECIAL CONDITIONS**

1. **You** must check in according to the itinerary supplied to **you**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. All itemised receipts must be retained.
5. **You** may claim only once under Section A – Missed Departure/Missed Connection or once under Section B – Delayed Departure or once under Section C – Involuntary Denial of Boarding for the same event, not twice or all.
6. Anything mentioned in GENERAL CONDITIONS on page 3.

### **WHAT IS NOT COVERED**

1. Any costs or charges for which the airline will compensate **you**.
2. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
3. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
4. Any expenses when reasonable alternative travel arrangements have been made available within 4 hours of the scheduled departure time.
5. Anything mentioned in GENERAL EXCLUSIONS on page 3.

## **SECTION C – INVOLUNTARY DENIAL OF BOARDING**

### **WHAT IS COVERED**

If **you** have checked-in, or attempted to check in, for a confirmed scheduled flight, within the published check-in times, and **you** are involuntarily denied boarding as a result of overbooking, **we** will pay **your** costs incurred in respect of restaurant meals and refreshments consumed after a minimum of 4 hours delay and **your** actual departure time, up to the amount shown in the **Benefit Table** for all **beneficiaries** and **fellow travellers** travelling together.

**SPECIAL CONDITIONS**

1. **You** may claim only once under Section A – Missed Departure/Missed Connection or once under Section B – Delayed Departure or once under Section C – Involuntary Denial of Boarding for the same event, not twice or all.
2. Anything mentioned in GENERAL CONDITIONS on page 3.

**WHAT IS NOT COVERED**

1. Any costs or charges for which the airline will compensate **you**;
2. Any costs or charges incurred where denial of boarding was not involuntary and/or on a mandatory basis;
3. Any claims where written proof from the airline is not obtained confirming **your** inability to travel through over-booking and the period of delay until **your** next available flight is confirmed.
4. Any expenses when reasonable alternative travel arrangements have been made available within 4 hours of the scheduled departure time.
5. Anything mentioned in GENERAL EXCLUSIONS on page 3.

**SECTION D – BAGGAGE DELAY**

**WHAT IS COVERED**

**BAGGAGE DELAY**

**We** will pay **you** up to the amount shown in the **Benefit Table** in total for all **beneficiaries** and **fellow travellers** travelling together, for Baggage Delay for the emergency replacement of clothing, medication and toiletries if the checked in baggage containing **personal belongings** is temporarily lost in transit during the outward journey and not returned to **you** within 4 hours of **your** arrival.

**EXTENDED BAGGAGE DELAY**

**We** will pay **you** up to the amount shown in the **Benefit Table** in total for all **beneficiaries** and **fellow travellers** travelling together, for Extended Baggage Delay if the checked in baggage has still not arrived at **your** destination airport within 48 hours of **your** arrival.

**SPECIAL CONDITIONS**

1. Written confirmation must be obtained from the carrier, confirming the number of hours the baggage was delayed.
2. All amounts are only for real expenses in excess of any compensation paid by the carrier.
3. The amounts shown in the **Benefit Table** are the total for each delay irrespective of the number of **beneficiaries** travelling together.
4. Claims will be considered only for the purchase of essential clothing and toiletries and only if such purchases are made within 4 days of actual arrival at destination and are charged to the **covered card** account. If the **covered card** could not be used for the essential purchases, itemised receipt for these purchases must be retained.
5. No reimbursement will be made if purchases were made after the luggage was returned.
6. All itemised receipts must be retained.
7. Cover only applies to **your** outbound **trip** outside of the **country of residence**.
8. Anything mentioned in GENERAL CONDITIONS on page 3.

**WHAT IS NOT COVERED**

1. Loss due to delay, confiscation or detention by customs or other authority.
2. Claims arising from baggage shipped as freight or under a bill of lading.
3. Anything mentioned in GENERAL EXCLUSIONS on page 3.

**SECTION E - TRAVEL ACCIDENT**

**DEFINITIONS - Applicable to this section**

**Rental car**

– passenger vehicles authorised to use public roads (passenger cars, estate cars and vans, authorised to carry up to nine people) hired on a daily or weekly basis, but not more than 60 days, from an authorised rental agency or hire car firm, using the **covered card**.

**WHAT IS COVERED**

1. **We** will pay **you**, up to the amount shown in the **Benefit Table**, if **you** sustain **bodily injury** on a **trip**:
  - a) between the home point of departure and the destination or on the return journey whilst on **public transport** which has been charged to **your covered card**, or in a **rental car**, which has been charged to **your covered card**, or
  - b) during **your trip** outside of the **country of residence**;
 which shall solely and independently of any other cause, result within one year in **your** death, **loss of limb**, **loss of sight** or **permanent total disablement**.

If you suffer from **loss of limb** or **loss of sight** the following amounts may be paid, but in any case will not exceed the benefit amount for **permanent total disablement**.

Loss of:	Benefit Amount
Both hands	100% of the <b>Permanent Total Disablement Benefit</b>
Both feet	
Entire sight in both eyes	
One hand and one foot	
One hand or one foot, and the entire sight of one eye	50% of the <b>Permanent Total Disablement Benefit</b>
One hand	
One foot	
The entire sight of one eye	

2. **We** will pay up to the amount shown in the **Benefit Table** for search and rescue of a **beneficiary** after an accident. This includes the means used by the rescuers from the point of departure as far as the nearest hospital. If the accident leads to **your** death **we** will reimburse the cost of repatriating **your** mortal remains. The repatriation must be effected in the most economic way as **we** will only reimburse reasonable and customary costs.

**SPECIAL CONDITIONS**

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
3. The benefit is not payable to **you** under more than one of the items shown in the **Benefit Table**.
4. The most **we** will pay per **beneficiary** in total per incident for Accident and search and rescue is €280,000.
5. A group of people travelling together, for whom travel has been organised by any single member of the group, shall be covered up to the amount shown in the **Benefit Table**.
6. Anything mentioned in GENERAL CONDITIONS on page 3.

**WHAT IS NOT COVERED**

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Anything mentioned in GENERAL EXCLUSIONS on page 3.

**CLAIMS PROCEDURE**

1. Please read the appropriate section in the benefits to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.
2. Making a claim.
  - a) In the event of an emergency **you** should first call **AXA Assistance** on telephone +357 222 32286 (any minor illness or injury costs must be paid for by **you** and reclaimed).

b) For all other claims telephone **our** Claims Helpline on +357 222 32286 (Monday – Friday 9:00 – 17:00) to obtain a claim form. **You** will need to give:

- **your** name,
- **your covered card** number,
- brief details of **your** claim.

**We** ask that **you** notify **us** within 30 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.

3. Additional Information.

**You** must supply all of **your** original invoices, receipts and reports etc. **You** should check the section under which **you** are claiming for any specific conditions and details of any supporting evidence that **you** must give **us**.

It is always advisable to keep copies of all the documents that **you** send to **us**.

4. Claims Handling Agents.

To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

## **COMPLAINTS PROCEDURE**

### **MAKING YOURSELF HEARD**

**We** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

### **WHEN YOU CONTACT US:**

Please give **us** **your** name and contact telephone number. Please quote **your covered card** number and/or claim number. Please explain clearly and concisely the reason for **your** complaint.

### **STEP ONE – INITIATING YOUR COMPLAINT**

**You** need to contact **AXA Assistance** on +357 222 32286. **We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further:

### **STEP TWO – CONTACTING AXA TRAVEL INSURANCE HEAD OFFICE**

If **your** complaint is one of the few that cannot be resolved by this stage contact the Head of Customer Care in **your** preferred language, who will arrange for an investigation on behalf of the Chief Executive: AXA Travel Insurance, Head of Customer Care, The Quadrangle, 106-118 Station Road, Redhill, RH1 1PR, United Kingdom. Or **you** may use e-mail: [customer.support@axa-travel-insurance.com](mailto:customer.support@axa-travel-insurance.com)

## **USE OF YOUR PERSONAL DATA**

Details of you, **your** insurance cover under this policy and claims will be held by **us** (acting as Data Controller) for underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention, subject to the provisions of applicable data protection law and in accordance with the assurances contained in **our** website privacy notice (see below).

**We** collect and process these details as necessary for performance of **our** contract of insurance with **you** or complying with **our** legal obligations, or otherwise in **our** legitimate interests in managing **our** business and providing **our** products and services.

These activities may include:

- a. use of sensitive information about the health or vulnerability of **you** or others involved in **your** assistance guarantees, in order to provide the services described in this policy, By using **our**

services, **you** consent to **us** using such information for these purposes,

- b. disclosure of information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law;
- c. monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control;
- d. technical studies to analyze claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory); detailed analyses on claims/missions/calls to better monitor providers and operations; analyses of customer satisfaction and construction of customer segments to better adapt products to market needs;
- e. obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim; and
- f. sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

**We** will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **you** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

**We** carry out these activities within the UK, in and outside the European Economic Area, in relation to which processing the data protection laws and or agreements **we** have entered into with the receiving parties provide a similar level of protection of personal data

By using **our** services, **you** acknowledge that **we** may use **your** personal data, and consent to **our** use of sensitive information, both as described above. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice (see below).

You are entitled on request to a copy of the information **we** hold about you, and **you** have other rights in relation to how **we** use **your** data (as set out in **our** website privacy notice – see below). Please let **us** know if **you** think any information **we** hold about **you** is inaccurate, so that **we** can correct it.

If **you** want to know what information is held about **you** by AXA Travel Insurance Limited, or have other requests or concerns relating to **our** use of **your** data, please write to **us** at:

Data Protection Officer  
AXA Travel Insurance Limited  
106-108 Station Road  
Redhill  
RH1 1PR  
United Kingdom

Email: [dataprotectionenquiries@axa-assistance.co.uk](mailto:dataprotectionenquiries@axa-assistance.co.uk)

**Our** full privacy notice is available at:  
[www.axa-assistance.com/en.privacypolicy](http://www.axa-assistance.com/en.privacypolicy)  
Alternatively, a hard copy is available from **us** on request.

## **CANCELLATION OF THE COVER**

These benefits are included with **your covered card**, the benefits cannot be cancelled separately. If **you** cancel the covered card the cover will end and all benefits will stop. Please see **your** Credit Card agreement for full details of how to cancel the **covered card**.