

## Super Travel Insurance

### COVERAGE SUMMARY

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
<b>Early/Delayed Return Coverage</b>	<b>You have to end your trip earlier or later than originally planned and need to recover additional transportation costs for your return home.</b>	<b>At cost</b>
<b>Trip Continuation Coverage</b>	<b>Your travel plans are interrupted, but you continue your trip.</b>	<b>At cost</b>
<b>Extended Stay Coverage</b>	<b>Your travel plans are interrupted and you need to recover additional accommodation and transportation costs you have incurred.</b> Maximum of 70€ per day/per insured for up to 10 days	<b>700€</b>
<b>Travel Delay Coverage</b>	<b>Your travel plans are delayed while you are on your trip.</b> Maximum reimbursement per 24-hour period of delay: Daily Limit - 100€ (requires receipts) Minimum Required Delay: 3 hours	<b>200€</b>
<b>Baggage Coverage</b>	<b>Your baggage is lost, damaged, or stolen while on your trip.</b> Maximum benefit for all high-value items: 500€	<b>1.000€</b>
<b>Baggage Delay Coverage</b>	<b>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</b> Minimum Required Delay: 6 hours	<b>300€</b>
<b>Emergency Medical/Dental Coverage</b>	<b>You have to pay for emergency medical or dental treatment while on your trip.</b> <b>Dental Care</b> sublimit: 250€ <b>Medical continuation</b> sublimit: Maximum of 30 days and up to 1.250€ per insured	<b>150.000€</b>
<b>Emergency Transportation Coverage</b>	<b>Transportation is needed following a medical emergency while on your trip.</b> <b>Emergency Evacuation</b> sublimit: 5.000€ <b>Transport to Bedside</b> sublimit: 1.000€ <b>Search and Rescue</b> sublimit: 5.000€	<b>At cost</b>
<b>Travel Personal Accident Coverage</b>	<b>You suffer a death or disability as a result of a travel accident during your trip.</b>	<b>30.000€</b>

**Death:** the maximum lump sum benefit

**Permanent/partial disablement:** the disability's percentage of the maximum lump sum benefit

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

**Important Notices:**

- Emergency Medical/Dental Coverage is secondary. If you have health insurance, you must submit your claim to that provider first. If you do not have health insurance or it is known that your health insurance does not provide coverage in the geographical area where your medical emergency is treated, please submit your claim directly to us. Any payment you receive from any other insurance provider or any other entity will be deducted from your claim.
- If not otherwise specified, the benefit limits shown above are per named insured.

## Withdrawal Period

You may cancel or revoke this *Insurance Contract* with us, by sending your request in writing to the contact details listed below, within fourteen (14) days without having to state any reason and receive a full refund. The fourteen (14) day period starts from the date you received your Insurance Policy and the accompanying documents relating to your insurance.

Please note that this refund is only available if your insured trip has not started and if a claim has not been initiated on this *Insurance Contract*. After this 14-day period, your premium is not refundable.

## CONTACT DETAILS

**For customer service, please:**

**call: (+30) 211 99 09200 (9:00 - 20:30 CET, Mon - Fri)**

**e-mail: [globy@mondial-assistance.gr](mailto:globy@mondial-assistance.gr)**

**To file a claim, please:**

**call: (+30) 210 99 88 118 (24/7)**

**e-mail: [medical@mondial-assistance.gr](mailto:medical@mondial-assistance.gr)**

## GENERAL & SPECIFIC CONDITIONS

### WHO WE ARE

We are the Greek branch of the foreign insurance company under the trade name “AWP P&C S.A.”, which has its registered office in Saint-Ouen-sur-Seine, France. We also operate under the brand name “Mondial Assistance”.

Our postal address is:  
10, Premetis street, Agios Dimitrios, Attica  
Postal Code: 173 42, Athens

AWP P&C S.A. – Greek Branch, operating, in the present case, under the brand name “Mondial Assistance”, is an insurance company licensed to distribute insurance products within the territory of Greece (10, Premetis street, Agios Dimitrios, 173 42, Attica) as well as in Cyprus and Malta, operating in freedom of services (FoS), with corporate registration number 124252501001 and Tax Identification number 098118029.

AWP P&C S.A., which has its registered office in 7 rue Dora Maar, Saint-Ouen-sur-Seine, France, is authorized by L’Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09.

### ABOUT THIS INSURANCE CONTRACT

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

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

### WHAT THIS INSURANCE CONTRACT INCLUDES AND COVERS

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

Your *Insurance Contract* consists of two (2) parts:

1. The Insurance Policy which confirms your insurance
2. This General and Specific Conditions document, which describes the coverages (including the Coverage Summary, which provides the particular list of coverages and benefits covered), main provisions, and conditions that govern this *Insurance Contract*.

#### NOTE:

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

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## DEFINITIONS

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

<b>Accident</b>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<b>Accommodation</b>	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
<b>Act of war</b>	Any act which is associated with and occurring in the course of war or directly triggering it.
<b>Baggage</b>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<b>Civil disorder</b>	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages of 2 or more persons. It does not include any such occurrence that rises to the level of or is connected with any <i>political risk</i> , <i>terrorist event</i> , <i>war</i> , or <i>act of war</i> .
<b>Climbing sports</b>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<b>Cohabitant</b>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<b>Computer System</b>	Any computer, hardware, software, or communication system or electronic device (including but not limited to smartphone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
<b>Covered reasons</b>	The specifically named situations or events for which <i>you</i> are covered under this <i>Insurance Contract</i> .
<b>Cyber Risk</b>	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> <li>1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>;</li> <li>2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>;</li> <li>3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or</li> <li>4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.</li> </ol>
<b>Departure date</b>	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<b>Doctor</b>	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , the sick or <i>injured person</i> , or that person's <i>family member</i> .
<b>Epidemic</b>	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
<b>Family member</b>	<i>Your</i> : <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>2. <i>Cohabitants</i>;</li> <li>3. Parents and stepparents;</li> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the</li> </ol>

	<p>adoption process;</p> <ol style="list-style-type: none"> <li>5. Siblings;</li> <li>6. Grandparents and grandchildren;</li> <li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li> <li>8. Aunts, uncles, nieces, and nephews;</li> <li>9. Legal guardians and wards; and</li> <li>10. Paid, live-in caregivers;</li> </ol>
<b>High value items</b>	Collectibles, jewelry, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
<b>High-altitude activity</b>	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
<b>Hospital</b>	<p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> <li>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;</li> <li>2. Have organized departments of medicine and major surgery; and</li> <li>3. Be licensed where required.</li> </ol>
<b>Illegal act</b>	An act that violates law where it is committed.
<b>Injury</b>	Physical bodily harm.
<b>Insurance Contract</b>	This travel insurance contract. The <i>Insurance Contract</i> includes this General and Specific Conditions document and the insurance policy.
<b>Local public transportation</b>	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometers.
<b>Mechanical breakdown</b>	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).
<b>Medical escort</b>	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
<b>Medically necessary</b>	Treatment that is required for your illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
<b>Natural disaster</b>	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
<b>Pandemic</b>	An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
<b>Political risk</b>	<p>Any one or more of the following:</p> <ul style="list-style-type: none"> <li>• Any event, organized resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or an organized political or ruling group;</li> <li>• Nationalization;</li> <li>• Confiscation;</li> <li>• Expropriation,</li> <li>• Deprivation;</li> </ul>

	<ul style="list-style-type: none"> <li>• Requisition;</li> <li>• Revolution;</li> <li>• Rebellion;</li> <li>• Insurrection;</li> <li>• Uprising;</li> <li>• Military and usurped power.</li> </ul>
<b>Pre-existing medical condition</b>	<p>An <i>injury</i>, illness, or medical condition that, prior to and including the purchase date of this <i>Insurance Contract</i>:</p> <ol style="list-style-type: none"> <li>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms; or</li> <li>3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).</li> </ol> <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated prior to and including the purchase date of <i>your Insurance Contract</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
<b>Primary residence</b>	Your permanent, fixed home address for legal and tax purposes.
<b>Quarantine</b>	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.
<b>Reasonable and customary costs</b>	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately skilled and licensed service providers.
<b>Refund</b>	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
<b>Return Date</b>	The date on which <i>you</i> are originally scheduled to end <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<b>Service animal</b>	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
<b>Sporting equipment</b>	Equipment or goods used to participate in a sport.
<b>Terrorist event</b>	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of your country of residence and is committed for political, religious, ethnic and/or ideological purposes, including but not limited to the intention to influence any

	government and/or to put the public, or any section of the public, in fear. It does not include any <i>political risk, war</i> or acts of war.
<b>Traffic Accident</b>	An unexpected and unintended traffic-related event, <i>other than mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
<b>Travel carrier</b>	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> <li>1. Rental vehicle companies;</li> <li>2. Private or non-commercial transportation carriers;</li> <li>3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or</li> <li>4. <i>Local public transportation</i>.</li> </ol>
<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
<b>Traveling companion</b>	A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
<b>Trip</b>	<i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> , which is originally scheduled to begin on <i>your departure date</i> and end on <i>your return date</i> . It cannot include moving or commuting to and from work.
<b>Uninhabitable</b>	A <i>natural disaster</i> , fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their <i>primary residence</i> or destination inaccessible or unfit for use.
<b>Vandalism</b>	Any illegal act that intentionally causes damage to or destruction of public or private tangible property. This does not include damage or destruction of public or private tangible property by <i>terrorist acts, war, acts of war, political risk, or civil disorder</i> .
<b>War</b>	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
<b>We, Us, or Our</b>	AWP P&C S.A. – Greek Branch, trading as Mondial Assistance
<b>Work strike</b>	An organized and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region, or nation. This also does not include any strike that rises to the level of or is connected with any civil disorder or political risk.
<b>You or Your</b>	All persons listed as insureds in the Insurance policy.

## WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept *your* request for insurance and send *you* an official confirmation of that. *Your Insurance Contract's* coverage effective date and coverage end date are indicated in *your* insurance policy. The *Insurance contract* becomes effective on the date listed on the insurance policy provided that the full premium is paid before or while the *Insurance Contract* is issued.

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

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

*Your Insurance contract* ends on the coverage end date listed on the insurance policy. However, there are situations where *your Insurance Contract* may end on a different date. If *your Insurance Contract* was purchased with a one-way booking, *your coverage end date* will be the *return date* (not to exceed 24 hours from the *departure date* shown on *your* travel documents).

Additionally, *your Insurance Contract* will end on the earliest of:

1. At 23:59 on the day *you* cancel *your Insurance Contract*;
2. At 23:59 on the day *you* end *your trip*, if *you* end *your trip* early;
3. At 23:59 on the day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason; or
4. At 23:59 on the 90<sup>th</sup> day of the *trip* which is the maximum *trip* length allowed by this insurance product.

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

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

## DESCRIPTION OF COVERAGES

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

### A. TRIP INTERRUPTION COVERAGE

#### Early/Delayed Return

If you have to return earlier or later than *your original return date* due to one or more of the *covered reasons* listed below, we will reimburse you for, less available *refunds*, a *travel carrier* ticket(s) for your return travel to *your primary residence* in the same class of service that you originally booked, up to the maximum benefit for early/delayed return coverage listed in *your Coverage Summary*.

#### Trip Continuation

If you have to interrupt *your trip* due to one or more of the *covered reasons* listed below, we will

- i. pay or reimburse you for, less available *refunds*, the necessary transportation expenses you incur to continue *your trip*, up to the maximum benefit for trip continuation coverage listed in *your Coverage Summary*;
- ii. reimburse you for additional *accommodation* fees you are required to pay, less available *refunds*, up to the maximum benefit for trip continuation coverage listed in *your Coverage Summary*, if you prepaid for shared *accommodations* and *your traveling companion* has to end their *trip*.

#### Extended Stay

If you have to interrupt *your trip* due to one or more of the *covered reasons* listed below and the interruption causes you to stay at *your destination* (or the location of the interruption) longer than originally planned, we will reimburse you, less available *refunds*, up to the maximum benefit for extended stay coverage listed in *your Coverage Summary*, for additional *accommodation* and *local public transportation* expenses.

#### Covered reasons:

1. You or a *traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make you interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following condition applies:

- a. A *doctor* must either examine or consult with you or the *traveling companion* before you make a decision to interrupt the *trip*.

2. A *family member* who is not traveling with you becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, or require hospitalization.

3. You, a *traveling companion*, *family member*, or *your service animal* dies during *your trip*.

4. You or a *traveling companion* is *quarantined* during *your trip* due to having been exposed to:

- a. A contagious disease other than an *epidemic* or *pandemic*; or
- b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
  - i. The *quarantine* is specific to you or a *traveling companion*, meaning that you or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and

- ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.

5. *You* or a *traveling companion* is in a *traffic accident*.

One of the following conditions must apply:

- a. *You* or a *traveling companion* needs medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.

6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, judge, court clerk, law enforcement officer or paralegal, this would not be covered).

7. *Your primary residence* becomes *uninhabitable*.

8. *You* or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.

9. *You*, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

## B. TRAVEL DELAY COVERAGE

If *your* or a *traveling companion's trip* is delayed for one of the *covered reasons* listed below, we will reimburse *you* for the following expenses, less available *refunds*, up to the maximum benefit shown in *your* Coverage Summary for travel delay:

- i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary.
- ii. If the delay causes *you* to miss the departure of your cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.
- iii. If the delay causes *you* to miss the departure of your flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

**NOTE: We will not reimburse *you* for any expenses that are *your travel carrier's* or *travel supplier's* responsibility.**

The delay must be for at least the Minimum Required Delay listed in *your* Coverage Summary and due to one of the following *covered reasons*:

- 1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to your *departure date*);
- 2. A *work strike*, unless threatened or announced prior to the purchase of *your Insurance Contract*
- 3. *Quarantine* during *your trip* due to having been exposed to:
  - a. A contagious disease other than an *epidemic* or *pandemic*; or
  - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
    - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and

- ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
- 4. *A natural disaster*;
- 5. Lost or stolen travel documents;
- 6. Hijacking, except when it is a *terrorist event*;
- 7. *Civil disorder*, or
- 8. *A traffic accident*.
- 9. *A travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

## C. BAGGAGE COVERAGE

If *your baggage* is lost by a travel supplier or damaged or stolen while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for baggage coverage in *your* Coverage Summary:

- i. Cost to repair the damaged *baggage*; or
- ii. Cost to replace the lost, damaged, or stolen *baggage* with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it;
- b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must file and retain a copy of a police report in case of theft of any one or more *high-value items*;
- d. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. **For items without an original receipt or a proof of purchase, we will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item;** and
- e. *You* must report theft or loss of a cellular device to *your* network provider and request to block the device

The following items are not covered:

1. **Animals, including remains of animals;**
2. **Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;**
3. **Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);**
4. **Hearing aids, prescription eyewear, and contact lenses;**
5. **Artificial teeth, prosthetics, and orthopedic devices;**
6. **Wheelchairs and other mobility devices;**
7. **Consumables, medicines, medical equipment/supplies, and perishables;**
8. **Tickets, passports, deeds, blueprints, stamps, and other documents;**
9. **Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travelers cheques, securities, bullion, and keys;**
10. **Rugs and carpets;**
11. **Antiques and art objects;**
12. **Fragile or brittle items;**
13. **Firearms and other weapons, including ammunition;**
14. **Intangible property, including software and electronic data;**
15. **Property for business or trade;**
16. **Property *you* do not own;**
17. ***High value items* stolen from a car, locked or unlocked;**

18. **Baggage while it is:**
- a. Shipped, unless with *your travel carrier*;
  - b. In or on a car trailer;
  - c. Unattended in an unlocked motor vehicle; or
  - d. Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;
19. **Baggage that is misplaced, forgotten, or lost while in *your* possession.**

## D. BAGGAGE DELAY COVERAGE

If *your baggage* is delayed by a *travel supplier* during *your trip*, we will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* Coverage Summary for baggage delay.

The following condition applies:

- a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under baggage delay in *your* Coverage Summary.

## E. EMERGENCY MEDICAL/DENTAL COVERAGE

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

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

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

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

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

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor, dentist, hospital, or other provider* authorized to practice medicine or dentistry.
- b. This coverage will not pay for any care provided for longer than thirty (30) days after *your* return from *your trip* to *your* primary residence or to a medical facility in *your* country of residence for further care following a medical evacuation or medical repatriation.
- c. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip*;
- d. This coverage will not pay for any non-emergency care or services in general and the following care and services in particular:
  1. Elective cosmetic surgery or care;
  2. Annual or routine exams;
  3. Long-term care;
  4. Allergy treatments (unless the allergic reaction is life threatening);

5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize you);
7. Experimental treatment; and
8. Any other non-emergency medical or dental care.

## F. EMERGENCY TRANSPORTATION COVERAGE

### IMPORTANT:

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

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

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

1. *Our* medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions regarding *your* overall medical condition;
2. We will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport *you* there, and pay for that transport; and
3. We will arrange and pay for a *medical escort* if we determine one is necessary.

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

- a. *You* or someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;
- c. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and we reserve the right to not provide coverage;
- d. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

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

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

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

2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

- a. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;
- c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
- d. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage;
- e. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

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

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

The following condition applies:

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

#### **Return of Dependents (Getting minors and dependents home)**

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

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

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

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

The following conditions apply:

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

#### **Repatriation of Remains (Getting your remains home)**

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

1. A funeral home near *your primary residence*; or

2. A funeral home located in *your* country of residence

The following conditions apply:

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

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

### **Search and Rescue**

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

## **G. TRAVEL PERSONAL ACCIDENT COVERAGE**

TRAVEL PERSONAL ACCIDENT: This covers bodily injury sustained during your trip that is caused solely by violent, accidental, sudden, external, and visible means (excluding sickness/illness and *traffic accident*) and is the sole cause of your death or permanent total or partial disability.

We will provide compensation up to the maximum limit of the 'Personal Accident' coverage as outlined in the Coverage Summary for the following:

1. Payment to the Insured's beneficiaries in the event of the Insured's death as a result of an *accident*,
2. Payment to the Insured in the event of permanent total or partial disability as a result of an *accident*, at a rate proportional to the degree of disability.

Please note that the degree of disability must be confirmed by a disability certification certificate from the Centre for Disability Certification (KEPA) or another certificate from a competent state body, which the Insured must provide.

## **H. TRAVEL SERVICES DURING YOUR TRIP**

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

### **Finding a Doctor or Medical Facility**

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

### **Monitoring Your Care**

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

### **Emergency Cash Assistance**

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

## GENERAL EXCLUSIONS

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

This *Insurance Contract* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

If *you* have traveled against an order or advice against travel issued by *your* home country’s or *trip* destination’s government or local authority, this *Insurance Contract* excludes any loss directly or indirectly resulting from, arising out of, or related to any reason for or subject of such travel order or advice.

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

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your Insurance Contract* was purchased;
2. *Pre-Existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth;
5. Fertility treatments or elective abortion;
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
7. Acts committed with the intent to cause loss;
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
9. Participating in or training for any professional or semi-professional sporting competition;
10. Participating in or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions and tournaments organized by hotels, resorts, or cruise lines to entertain their guests.
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
  - a. Skydiving, BASE jumping, hang gliding, or parachuting;
  - b. Bungee jumping;
  - c. Caving, rappelling, or spelunking;
  - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
  - e. *Climbing sports* or free climbing;
  - f. *Any high-altitude activity*;
  - g. Personal combat or fighting sports;
  - h. Racing or practicing to race any motorized vehicle or watercraft;
  - i. Free diving; or
  - j. Scuba diving at a depth greater than 20 meters or without a dive master.
12. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, a *family member*, or *your service animal* is the victim of such act;
13. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under trip interruption coverage, travel delay coverage, or emergency medical/dental coverage;
14. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under trip Interruption coverage, or travel delay coverage;
15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
16. Nuclear reaction, radiation, or radioactive contamination;
17. *War* or *acts of war*;

18. **Military duty**, except when and to the extent that *military duty* is expressly referenced and covered under trip interruption coverage;
19. **Political risk**;
20. **Cyber risk**;
21. **Civil disorder**, except when and to the extent that *civil disorder* is expressly referenced in and covered under trip interruption coverage or travel delay coverage;
22. **Terrorist events**.
23. **Acts, travel alerts/bulletins, or prohibitions** by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under trip interruption coverage;
24. **Any travel supplier's** complete cessation of operations due to financial condition, with or without filing for bankruptcy;
25. **A travel supplier's** restrictions on any *baggage*, including medical supplies or equipment;
26. **Ordinary wear and tear** or defective materials or workmanship;
27. **An act of gross negligence** by *you* or a *traveling companion*;

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

1. *Your travel carrier* tickets do not show travel date(s);
2. The Departure Date and Return Date as shown on the Coverage Summary do not match *your trip's* actual *departure date* and *return date* (does not apply to insurance purchased with a one-way booking); or
3. *You* intend to receive health care or medical treatment of any kind while on your trip.

## CLAIMS INFORMATION

Our goal is to make this process as simple as possible. Please carefully review your *Insurance Contract* and Summary of Coverage before submitting your claim to ensure that your incident qualifies as a covered claim. Please note that not all losses are covered, even if they result from something sudden, unexpected, or out of your control.

Please use one of the following methods to make a claim:

- Call us at (+30) 210 99 88 118 **(24/7)**
- Send an email to [medical@mondial-assistance.gr](mailto:medical@mondial-assistance.gr)

When submitting your claim, please provide us with all the requested information and documents as soon as possible. It's important to include as much detail as possible to expedite the claim processing. Please keep copies of all the information you send us.

You must have gathered the information required to support your claim. The following is an indicative list of the steps you should take and the documents we will need in order to process your claim. We may require further information and/or evidence after your claim has been submitted. In this case, we will inform you as soon as possible.

### **For all claims please provide:**

- Your original travel booking invoices and travel documents showing the dates and times of travel.
- Original receipts and bills for all the expenses you have incurred.
- Original bills or invoices that you are required to pay.
- Details of any other insurance you have that covers the same risks, such as home insurance or private health insurance.
- As much evidence as possible to support your claim.

Please note that doctor's recommendations/advice should be provided in writing as official medical opinions/reports.

### **For claims falling under more than one insurance risk:**

- For claims relating to being denied entry or boarding, we will require written confirmation from the tour operator or local public transport provider of the date and reason for the refusal.
- If the claim is made due to problems at the main residence, we will require written confirmation from the repair company, emergency service, or the property insurer/property surveyor who attended.
- - If your claim is due to legal proceedings, we will need evidence from the court or relevant authority of the reason for your requested physical presence and that it cannot be postponed.
- For claims relating to extraordinary weather conditions, we will need evidence of the cause and extent of the emergency in the area of your main residence or where otherwise required.

### **Trip Interruption**

- If you need to interrupt your trip, please call us as soon as possible to obtain our prior consent.
- The original invoices for your booking showing the revised time and date of departure and also detailing whether any refunds can be provided.
- For claims relating to illness or injury a medical report/diagnosis from the attending doctor must be completed. In the case of death, a copy of the death certificate is required.
- If your claim arises from any other circumstances, please provide independent evidence of these circumstances.

### **Travel delay**

- Written confirmation from the air, rail, shipping or ground handling company or service provider of the scheduled and actual departure times and the reasons for the delayed departure.

- A detailed description of the circumstances that caused you to miss your departure, together with evidence from the public transport provider or the entity that provided roadside assistance services to the private vehicle in which you were traveling.
- If your claim arises from any other circumstances, please provide independent evidence of these circumstances.
- You must provide original receipts for the expenses you have incurred for us to reimburse you.

### **Baggage**

- Report the theft, damage or loss to the police within 24 hours of discovery and request a written police report.
- If applicable, you should also report the theft, damage or loss to your travel carrier, travel agent, ground service provider or accommodation manager and request a written report.
- For delays, loss or damage during the custody of your travel service provider, make the report as soon as possible and ask for a written copy. For airlines specifically, you should promptly complete a Property Irregularity Report (PIR) from the airline or its ground handling provider.
- Original receipts or other appropriate proof of purchase/ownership/value for lost, stolen, or damaged baggage.
- Keep any damaged items as we may need to check them. If we reimburse or replace a damaged item, then that item becomes our property.
- Ask your network provider to block lost or stolen mobile phones and obtain written confirmation of this action from the provider.

### **Baggage delay**

- Report the loss to the tour operator and receive a written report from them. For airlines, you must immediately complete a Property Irregularity Report (PIR) from the airline or its ground handling provider.
- Original receipts, vouchers, or other appropriate proof of purchase for essential replacement items.

### **Emergency Medical/Dental Care and Emergency Transport**

- Always contact the 24-hour emergency medical service when you are hospitalised, when you need repatriation or when medical expenses are likely to exceed €500.
- Medical evidence from the attending physician to confirm the illness or injury and the treatment

## **GENERAL PROVISIONS AND CONDITIONS**

The following conditions apply to your insurance. Please read them carefully.

### **1. CONTRACTUAL AMENDMENTS**

Written Confirmation: Any amendments to this document or any other document accompanying this insurance are subject to our written confirmation.

### **2. APPLICABLE LAW & JURISDICTION**

The applicable law of this *Insurance Contract* is Greek law and all communications and documentation relating to it will be made in Greek.

The Courts of Athens shall have exclusive jurisdiction to settle any dispute arising out of or in connection with this *Insurance Contract*.

### **3. PROTECTION OF PERSONAL DATA**

The Insurer collects and processes the Insured's personal data exclusively and solely for the administration of the Insurance Contract (including the proper provision of appropriate services and the handling of any claims, demands and requests for the satisfaction of rights). In this context, the Insurer declares and warrants that it is fully aware of

and complies with all its obligations under the applicable legal and regulatory framework on the protection of personal data, including the General Data Protection Regulation (679/2016) of the European Parliament and of the Council. In particular, the Insurer represents and warrants that (i) for your convenience and for your respective Insurance Contract, it will obtain in a lawful and transparent manner your absolutely necessary and required personal data; (ii) it will provide you with any required information regarding the processing of your personal data on your behalf; and (iii) it will ensure that you obtain any necessary consent for the processing of your personal data on its behalf, unless there is any other lawful basis for such processing.

#### **4. FINANCIAL SANCTIONS REGIME (INTERNATIONAL SANCTIONS)**

Your *Insurance Contract* cannot provide coverage or benefit to the extent that either coverage or benefit would violate any applicable United Nations, European Union, United States of America or any other applicable economic or trade sanction, law or regulation. We will reject claims to persons, companies, governments and other third parties to whom this is prohibited under national or international agreements or sanctions.

#### **5. CO-INSURANCE/MULTIPLE INSURANCE**

If you have an *Insurance Contract* from another insurance company for the same risk (multiple insurance), you must promptly notify each insurer in writing of the insurance and the insured amount .

Most insurance policies are valid up to the extent of the actual insured loss and cannot exceed it.

Unless otherwise agreed, most insurers are jointly and severally liable up to the sum insured under their Insurance Contract. If the existence of other insurance is not disclosed at the time of the conclusion of the Insurance Contract, the reimbursement will be limited to the extent not covered by previous insurance. In the event that the Insurance Contract holder or the Insured fails to make such a disclosure fraudulently, the provisions of the applicable insurance legislation shall apply.

If several insurance contracts have been concluded by common agreement, with or without a common coordinating insurer, each insurer shall be liable in proportion to the percentage insured to him and not in full.

The total compensation paid by all insurers cannot exceed the extent of the insured loss you have suffered.

#### **6. RIGHTS OF THE INSURER**

We have the right to do the following:

- a. We may not provide cover if you have started your trip before the departure date indicated in your Insurance Policy.
- b. To take legal action in subrogation to your rights (at our expense) and to ask you to provide us with any information we need and to complete any necessary forms to help us recover any payment we have made to you under these terms.
- c. With your or your representative's permission, obtain information from your medical records to enable us or our representatives to deal with any claim. This may include a medical examination or autopsy following a loss of life. We will not provide your personal information to any other organization without your permission.
- d. To make arrangements for your return to your country of residence at any time during your trip if you become ill or injured. We will only take this action if our treating doctor and medical advisers agree. In case of disagreement, we will seek an independent medical opinion.
- e. We will not be responsible for repatriation or treatment costs if you refuse to follow the advice of your doctor and our medical advisors.
- f. To refuse to pay any compensation under these terms for amounts covered by other insurance or any other sources (such as, any amounts you may recover from private health insurance, any mutual health care

agreement, travel service providers, home contents insurance or any other amount of compensation that may be recovered from you). In these cases we will only pay our share of the claim.

g. To seek reimbursement from you for any amounts we have paid that are not covered by these terms.

## **7. FRAUD AND FALSIFICATION OF DATA**

You are responsible for all statements or other representations you submit to us. Any materially misleading or inaccurate information in any statements or representations you submit to us may result in the cancellation of your *Insurance Contract* or a reduction in the compensation to which you are entitled, or possibly be used by us to defend our decision on a claim of yours.

Fraud is illegal and may subject you to criminal prosecution and civil penalties. We will reject your claim if you or someone acting on your behalf:

1. Makes false statements or statements that are intentionally misleading or fraudulent,
2. Falsely conceals or misrepresents any material fact; or
3. Contrary to the foregoing, attempts or commits fraud.

## INFORMATION FORM (UNDER ARTICLE 150, PAR. 1 OF L. 4364/2016)

**Name of Insurance Company:**

Greek Branch of the foreign insurance company under the name "AWP P & C S.A."

**Registered office of the Insurance Company:**

10, Premetis str., Agios Dimitrios, Attica (Postal Code 173 42)

**Applicable law:**

Greek

**How and when to settle written claims - complaints of the Insured or/and the Insurance Insurance Contract holder:**

The Company must respond in writing to the Insured or/and Insurance Receiver, as the case might be, no later than fifty (50) calendar days after receipt of any complaint you submit. Submitting such a complaint does not interrupt the prescription period of your claims against the Company, nor does it limit your right to contact the competent authorities or to appeal to Justice. For more information on our "Complaints Procedure" please visit our website [www.mondial-assistance.gr](http://www.mondial-assistance.gr)

### 1. INTRODUCTION

Our Company's highest priority is to best respond to your insurance needs by providing effective high-quality services at any time. In the light of the above, in this section you can receive information on how to submit a complain about your contract or insurance services provided by our company. In more detail:

### 2. WHAT IS CONSIDERED A COMPLAINT

The expression of dissatisfaction by a natural or legal person related to the insurance Insurance Contract or the insurance services provided to him/her/it, in any way, e.g. contractor/Insurance Contract holder, insured, indemnity insurance beneficiary, third party injured under non-life insurance. Complaints are also considered, in accordance with law, notices of insurance claims, claims for compensation and requests related to your contract and the provision of information or clarifications about it.

### 3. WHAT IS THE PROCEDURE TO SUBMIT YOUR COMPLAINT

To submit your complaint, you can fill in the online Complaint Submission Form or an equivalent form, which you may send us in any of the following ways, and specifically:

- (a) either by e-mail to the e-mail address [globy@mondial-assistance.gr](mailto:globy@mondial-assistance.gr),
- (b) either via fax to 0030.211.10.99.818,
- (c) either by post to the address:

Greek Branch of the foreign insurance company "AWP P & C S.A."  
10, Premetis str., Agios Dimitrios  
107 43, Athens

In any case, if you do not choose to submit the online Complaint Form, but the other relevant form, this should at least include the following data:

- Name and Surname
- Father's name
- Date of birth
- Insurance Contract number (or registration number in the case of vehicle insurance)
- Contact number
- Your status under contract (insured, covered member, prospective client, etc.)

#### **4. WHAT IS THE COMPLAINT MANAGEMENT PROCEDURE WE FOLLOW TO HANDLE YOUR COMPLAINT**

As soon as we receive your complaint, the Complaints Management Department will record your request and create a corresponding envelope. To handle and respond to it, it will collect any information required by the relevant departments of the Company.

The Company must send you a written and reasoned reply within fifty (50) calendar days of receipt of your complaint. In the event of any delay, it must inform you in writing both of the delay as well as the reason for that delay.

#### **5. AUTHORITIES YOU MAY CONTACT**

In addition to submitting your complaint or in case you are not satisfied with the Company's response, you may appeal to the Independent Administrative Authority "Consumer Ombudsman" using the following data:

Address: 144, Alexandras Avenue, Athens (Postal Code 114 71)

Website: <http://www.synigoroskatanaloti.gr/>

Contact numbers: 210-6460862/210-6460814

#### **6. PRESCRIPTION OF YOUR CLAIMS AGAINST THE COMPANY**

Any of your claims against the Company is prescribed at the end of the period provided for by the relevant applicable law. Submitting a complaint as mentioned above does not interrupt the statutory prescription period concerning your legal claims.

**COMPLAINT SUBMISSION FORM****Your Personal Details****Name \*****City/District \*****Telephone \*****Email \*****VAT Number \*****Insurance Policy Number****Your Complaint****Issue \***

Please describe in detail all facts concerning your complaint and the dates and names of the persons involved so that our company can more easily give you a reasoned reply.

I declare that I expressly and unconditionally consent to the processing of my personal data by the Company so that it can handle the complaint I am now submitting.

## **DATA PRIVACY STATEMENT**

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### **I. INTRODUCTION**

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The company with the trade name AWP P&C S.A., located in 10 Prementis Str., 173 42, Agios Dimitrios, Attica, (hereinafter «AWP» or «Company»), is Data Controller of your personal data that is collected in relation to our insurance products. We, in AWP, respect our clients' privacy and have set their data protection as a key priority.

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### **II. WHAT PERSONAL DATA DO WE PROCESS?**

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The collection and processing of your personal data in relation to our insurance products is conducted by our authorized employees or partners and is related to the information you provide us on the website <http://www.mondial-assistance>, or on our partners' websites or on our portal which is accessible by our partners, either when you request an offer or when an insurance contract is being issued. Said personal data might include:

a) When you request an offer, information such as:

- Type of travel,
- Country of Departure & Destination
- Departing & Returning Dates
- Number of travelers and their age
- Travel Costs

b) When the insurance contract is being issued, additional information such as:

- Identification Data (Name, Tax Number & Tax Office, ID & Date of issuance or Passport and Issuance Authority),
- Contact Data (post address, email, telephone numbers)
- Demographic Data (gender)

c) In case the insured risk has occurred, sensitive data might be also processed, such as:

- Incident description
- Medical expenses
- Medical history
- Medical report

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### **III. WHAT IS THE PURPOSE OF YOUR PERSONAL DATA PROCESSING?**

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Our Company processes the aforementioned personal data for the following purposes:

A) It is required for the issuance of the insurance contract and for the assistance:

- i. For identification purposes,
- ii. For communication purposes for any issue related to our contractual relationship
- iii. In order to assess any insurance risks, to agree on the general and specific terms of the insurance contract and the respective premium
- iv. In order to manage the insurance contract at all stages, from risk assessment to claims. Please note that in case we are required to process sensitive personal data for the aforementioned purposes, we will ask for your explicit consent. Objection to provide consent or the required information, as well as possible withdrawal of your consent in the future, will give the Company the right to immediately terminate the insurance contract and to refuse to fulfill any obligation arising from this contract. In any case, we remind you that you have the right to withdraw your consent at any time, without of course prejudicing the legitimacy of the processing based on consent prior to its revocation.

B) In order to comply with our obligations deriving from applicable legal framework, in particular in relation to insurance and tax legislation.

C) In order to inform you about new products or/and services, provided that you have given your explicit consent, pursuant to the aforementioned.

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#### **IV. WHO ARE THE RECIPIENTS OF YOUR DATA?**

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The Company is committed that only natural or legal entities that are under its control and act only on its behalf and have the required professional qualifications have been authorized in writing to process your data and are fully bound by the confidentiality and obligations provided by legislation.

Your personal data might be transferred to other insurance companies, affiliated companies of Allianz Partners Group and to service providers, as long as it is required for the fulfillment of the insurance contract, such as agents, insurance intermediaries, compensation management companies, emergency transport companies and second medical opinion, logistics companies, customer service companies, lawyers, researchers, experts.

Finally, the Company may disclose your data to the competent public / judicial authorities to the extent required by the applicable legal and regulatory framework, if requested or if it is mandatory, without prior notice.

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#### **V. TRANSFER OF PERSONAL DATA**

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The Company may, in the course of its business transfer/receive personal data to and from insurance companies, affiliated companies of Allianz Partners Group if required.

The aforementioned transfer takes place in accordance with European legislation for companies located in countries within the European Union or the local legal framework for companies located outside the European Union.

The transfer of personal data to countries outside the European Union takes place only if these countries provide an adequate level of protection of personal data. If the third country outside the European Union does not provide an adequate level of protection of personal data, personal data may be transferred to that country only if protection is provided by a data transfer agreement or the criteria set under

European and national legislation are met.

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## **VI. RETENTION PERIOD**

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The personal data processed by the Company is retained throughout the duration of the processing. Upon expiration of this period, the data is kept in accordance with the applicable legal framework or for as long as it is required to defend the Company's rights before a Court or other competent Authority. The Company has in place a destruction procedure, which takes into consideration whether it is necessary to keep the data for compliance with legal and regulatory requirements or for the protection of the Company's interests, and is based on the instructions of the Data Protection Authority Of Personal Character (1/2005 DPA). The Company ensures that this process is also binding towards third parties providing services in the name and on behalf of it and any other persons with whom it cooperates in the context of outsourcing or other agreements.

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## **VII. OUR COMMITMENTS**

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We will retain your personal data up-to-date and accurate, we will store and delete it with safety, we will not collect and retain data that is not necessary, we will protect your data against any unauthorized or accidental access, disclosure, processing, deletion, modification or other use and we will take all adequate technical and organizational measures to protect your data.

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## **VIII. YOUR RIGHTS**

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According to applicable legislation you have and can exercise the following rights:

- right of access to your personal data, as well as to the information related to their processing,
- right to rectification of inaccurate or incomplete personal data,
- right to deletion,
- right to restriction of the processing of your personal data, where explicitly provided for by legislation,
- right to data portability in a structured, commonly used and machine-readable format (e.g. CD-ROM),
- right to have your data (directly) transmitted to another controller,
- right to object to the processing of your personal data, where explicitly provided for by legislation
- right not to be subject to a decision based solely on the automated processing and to request human intervention in such case, as well as
- right to withdraw any consent given at any time

In case of an automated decision-making, you have the right a) to receive specific information for such processing, b) justification of the respective decision, c) to be heard, and d) to object to such decision. You can exercise any of the abovementioned rights by submitting a written request to our Data Protection Officer, via email: [dpo@mondial-assistance.gr](mailto:dpo@mondial-assistance.gr) with subject "GDPR" or via post to AWP P&C S.A. to the following address 10 Premetis Str, PC 17342, Ag. Dimitrios Athens. We charge no fee for the exercise of the aforementioned rights, unless there is a repetition of requests or the volume of data is excessive and that results in administrative burden for our Company.

In any case, if you feel that the protection of your personal data is violated in any way whatsoever, you

have the right to lodge a complaint to the Hellenic Data Protection Authority, using the following contact details:

Website: [www.dpa.gr](http://www.dpa.gr)

Postal Address: 1-3 Kifissias Ave., 115 23 Athens, Greece

Call Center: +30 210 6475600

Fax: +30 210 6475628

E-mail: [contact@dpa.gr](mailto:contact@dpa.gr)