

## INDUSTRIAL AND COMMERCIAL BANK OF CHINA (ICBC) PARIS BRANCH MASTERCARD GOLD CARD- BENEFIT SCHEDULE

BENEFIT TABLE	
All benefit amounts are per <b>beneficiary</b> per <b>trip</b> unless otherwise noted	
<b>Section A – Cancellation or Curtailment Charges</b>	
Maximum in total for all beneficiaries travelling together	up to € 5,000
<b>Section B – Delayed Departure/Abandonment</b>	
Delayed Departure, after 4 hours, maximum in total for all beneficiaries travelling together	up to € 250
Abandonment, maximum in total for all beneficiaries travelling together	up to € 5,000
<b>Section C - Baggage Delay</b>	
After 4 hours, maximum in total for all beneficiaries travelling together	up to € 250
<b>Section D - Emergency Medical and Other Expenses Abroad</b>	
Infants born following Complications of Pregnancy, maximum per event	€75,000 (€ 100,000 for trips to USA or Caribbean)
Medical Expenses and Repatriation Expenses	up to € 100,000
Emergency dental treatment	up to € 250
Close Relative to travel out if hospitalised	up to €75 per day, max. 10 days + Economy Flight
Extended Stay of Beneficiary/Companion	up to €75 per day, max. 10 days + Economy Flight
Funeral Expenses and Repatriation of Mortal Remains	up to € 4,500
<b>Section E - Hospital Benefit</b>	
Hospital Benefit, maximum	up to € 1,500
- per day, maximum 30 days	up to € 50
<b>Section F- Travel Accident</b>	
Travel Accident, maximum	up to €125,000
- Permanent Total Disablement, Loss of Limbs, Loss of Sight, (Age < 71)	€ 125,000
- Loss of Life, (Age 18 to 70)	€ 125,000
- Loss of Life (Under 18 or 71yrs+)	€ 2,000
- All Benefits (71yrs+)	€ 2,000

12. SECTION D – EMERGENCY MEDICAL AND OTHER EXPENSES ABROAD .....	7
13. SECTION E - HOSPITAL BENEFIT .....	8
14. SECTION F - TRAVEL ACCIDENT .....	8
15. CLAIMS PROCEDURE .....	8
16. COMPLAINTS PROCEDURE .....	8
17. USE OF YOUR PERSONAL DATA.....	8
18. CANCELLATION OF THE POLICY AND COVERS .....	9

### 1. INTRODUCTION

This document is not a contract of insurance but summarises the benefits provided to **you** by virtue of **you** holding a MasterCard Gold Card through Industrial and Commercial Bank of China (ICBC) Paris Branch. The provision of those benefits is enabled by an insurance policy held by and issued to ICBC by Inter Partner Assistance (policy number 5534369).

ICBC 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 ICBC MasterCard Gold **Cardholder** at the time of any incident giving rise to a claim. ICBC 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 ICBC 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 by the National Bank of Belgium. 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.

#### POLICYHOLDER

Industrial and Commercial Bank of China (ICBC) Paris Branch, 73 Boulevard Haussmann 75008 Paris, France.

### 2. IMPORTANT INFORMATION

1. Claims arising directly or indirectly from any **pre-existing medical conditions** are NOT covered.
2. The benefits will NOT cover **you** when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice).

### CONTENTS

CONTENTS .....	1
1. INTRODUCTION .....	1
2. IMPORTANT INFORMATION .....	1
3. DEFINITIONS .....	2
4. RECIPROCAL HEALTH AGREEMENTS.....	3
5. EMERGENCY ASSISTANCE .....	3
6. GENERAL CONDITIONS.....	4
7. GENERAL EXCLUSIONS .....	4
8. SPORTS AND ACTIVITIES .....	5
9. SECTION A – CANCELLATION OR CURTAILMENT CHARGES .....	5
10. SECTION B – DELAYED DEPARTURE/ ABANDONMENT	6
11. SECTION C – BAGGAGE DELAY .....	6

3. The benefits will NOT cover **you** when **you** are travelling with the intention of obtaining medical treatment or consultation abroad.
4. The benefits will NOT cover **you** if **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established).
5. If injury, illness loss, theft or damage happens **you** should immediately contact the bank on Telephone: +33 (0) 1 40 06 58 88 where they will validate **your covered card** and pass **you** through to **AXA Assistance** to report a medical emergency, request repatriation, report any loss, theft or damage.
6. In the event of **curtailment** necessitating **your** early return **home** **you** must contact **AXA Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **AXA Assistance** will arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative** at **home**.
7. These benefits will be governed by the laws of France unless **we** have specifically agreed in writing otherwise.
8. All benefit amounts listed in the **Benefit Table** are per **beneficiary** per **trip** unless otherwise noted.
9. **You** are covered worldwide for **trips** of up to 30 consecutive days. The cover is limited to a total of 183 days in any 12 month period. **Trips** must begin and end in the **country of residence**. **Trips** using one way or open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins. Any **trip** solely within the **country of residence** is only covered where **you** are travelling further than 100 kilometres from **home** and have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.
10. In order to be eligible to receive benefits under this Benefit Schedule **you** must charge **your trip** in full to **your** MasterCard Gold Card.

### **IMPORTANT LIMITATIONS UNDER SECTION A - CANCELLATION OR CURTAILMENT CHARGES**

This Benefit Schedule will not cover any claims under Section A - Cancellation or Curtailment Charges arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to these benefits becoming effective or prior to booking any **trip** (whichever is the later), affecting any **close relative** if:

1. a terminal diagnosis had been received; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
3. during the 90 days immediately prior to these benefits becoming effective or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

### **3. 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)/covered person(s)**

– the **Cardholder** and his/her spouse or legal partner (any couple in a common law relationship living permanently at the same address), their children, aged under 21 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 with the exception of:

Section A – Cancellation or Curtailment

Section B – Delayed Departure/ Abandonment;

Section C – Baggage Delay;

where all **beneficiaries** must be travelling on the **trip** with and to the same destination as the **Cardholder**.

In order to be eligible to receive benefits under this Benefit Schedule **you** must charge **your trip** in full to **your** MasterCard Gold Card.

#### **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.

#### **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 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**.

#### **Complications of Pregnancy**

- the following unforeseen complications of pregnancy as certified by a **medical practitioner**: toxemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/ medically necessary termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

#### **Country of residence**

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

#### **Covered Card**

– a MasterCard Gold Card, issued by ICBC, the card being valid and the account in good standing at the time of the incident giving rise to a claim.

#### **Curtailment / curtail**

– cutting short **your trip** by returning **home** due to an emergency authorised by **us**.

#### **Home**

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

#### **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 by the National Bank of Belgium. 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.

#### 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** or any **close relative**.

#### Medical emergency

– a **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside the **country of residence** and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.

#### 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 February 01 2016.. 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 30 consecutive days. The cover is limited to a total of 183 days outside of the **country of residence** in any 12 month period.

**Trips** must begin and end in the **country of residence**.

Under Section A – Cancellation cover shall be operative from the time **you** book the **trip** and ceases upon commencement of **your trip**. For all other sections of the Benefit Schedule, 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 **you** 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, prevents **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)

- 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 Benefit Schedule 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 under 8. **Sports and Activities** for which **your** participation in during **your trip** is not the sole or main reason for **your trip** (excluding golf and winter sports holidays).

#### 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(s)

- any holiday, or journey for business or pleasure made by **you** worldwide, during the **period of cover** for which 100% of the total cost of transport and/or accommodation has been charged to **your covered card**. **Trips** using one way or open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins.

Any **trip** solely within the **country of residence** is only covered where **you** are travelling further than 100 kilometres from **home** and have pre - booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Cover for Benefits in Section D – Emergency Medical and Other Expenses Abroad and, Section E – Hospital Benefit is excluded in the **country of residence**.

## 4. **RECIPROCAL HEALTH AGREEMENTS**

### EUROPEAN UNION (EU), EUROPEAN ECONOMIC AREA (EEA) AND SWITZERLAND

Before travelling to a European Union (EU) country, the European Economic Area (EEA) or Switzerland, **we** recommend that **you** apply for a European Health Insurance Card (EHIC). This card entitles **you** to certain free or reduced cost health cover arrangements in the EU, EEA or Switzerland.

## 5. **EMERGENCY ASSISTANCE**

Contact the bank on Telephone: +33 (0) 1 40 06 58 88 where they will validate **your covered card** and pass **you** through to **AXA Assistance**

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of **curtailment** necessitating **your** early return **home** or in the event of an emergency **you** must contact **AXA Assistance** (any minor illness or injury costs must be paid for by **you** and reclaimed). The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, making

arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment **you** must contact **AXA Assistance** as soon as possible. Private medical treatment is not covered unless authorised specifically by **AXA Assistance**.

#### Medical Assistance Abroad

**AXA Assistance** has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **AXA Assistance** will also arrange transport **home** when this is considered to be medically necessary, or when **you** have notice of serious illness or death of a **close relative** at **home**.

#### Payment for Medical Treatment Abroad

If **you** are admitted to a hospital/clinic while outside the **country of residence**, **AXA Assistance** will arrange for medical expenses covered by the Benefit Schedule to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact **AXA Assistance** for **you** as soon as possible.

For simple out-patient treatment, **you** should pay the hospital/clinic **yourself** and claim back medical expenses from **us** on **your** return to the **country of residence**. Beware of requests for **you** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call **AXA Assistance** for guidance.

## **6. GENERAL CONDITIONS**

**You** must comply with the following conditions in addition to the items listed under SPECIAL CONDITIONS in Section A-F below 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 30 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, illness, disease or injury and to safeguard **your** property against loss, theft or damage. **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 and to recover missing property.
3. In the event of **curtailment** necessitating **your** early return **home** **you** must contact **AXA Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **AXA Assistance** will arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative** in the **country of residence**.
4. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised (any minor illness or injury costs must be paid for by **you** and reclaimed).
5. **We** ask that **you** notify **us** within 28 days of **you** becoming aware of any incident or loss leading to any other claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
6. **You** must report all incidents to the local police in the country where it occurs and obtain a crime report, which includes an incident number.
7. **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**.
8. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
9. **You** must immediately send **us** any writ or summons, letter of claim or other document relating to **your** claim
10. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice as often as may be reasonably necessary prior to paying a claim, at **our**

expense. In the event of **your** death **we** may also request and will pay for a post-mortem examination.

11. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
12. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
  - a) take over the 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.
13. 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 Benefit Schedule shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
14. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.
15. **We** will make every effort to apply the full range of services in all circumstances as shown in **your** Benefit Schedule. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
16. **We** may at any time pay to **you** **our** full liability under the Benefit Schedule after which no further payments will be made in any respect.
17. 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 F – Travel Accident).
18. If **you** possess multiple ICBC 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.

## **7. GENERAL EXCLUSIONS**

These exclusions apply throughout **your** Benefit Schedule in addition to the items listed under WHAT IS NOT COVERED in Section A-F below. **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 D – Emergency Medical and Other Expenses Abroad, Section E – Hospital Benefit and Section F – 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 under 8. **Sports and Activities**.
6. **Your** engagement in or practice of: manual work with the exception of: bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light manual work at ground level including retail work and fruit picking (excluding the use of cutting tools, power tools and machinery); 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 and **you** and **your** passengers are all wearing helmets; 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 **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 under this Benefit Schedule.
  19. Costs of telephone calls or faxes, meals, taxi fares (with the exception of the taxi costs incurred for the initial journey to a hospital abroad due to **your** illness or injury), newspapers, laundry costs, or interpreters' fees.
  20. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
  21. Cover for benefits in Section D – Emergency Medical and Other Expenses Abroad and Section E – Hospital Benefit is excluded in the **country of residence**.

## 8. SPORTS AND ACTIVITIES

**You** are covered under Section D – Emergency Medical and Other Expenses Abroad for the following activities provided **your** participation in them is not the sole or main reason for **your trip** (excluding golf and winter sports holidays).

Abseiling
Archery
Badminton
Baseball
Basketball
Bowling
Camel Riding
Canoeing (up to grade/class 3)
Clay pigeon shooting
Cricket
Cross country skiing
Elephant Riding
Fell running
Fencing
Fishing
Football

Glacier Skiing
Go- Karting
Golf
Hockey
Horse Riding
Horse Trekking
Hot air ballooning
Ice Skating (on recognised ski rinks)
Jet Biking
Jet Skiing
Kitesurfing
Monoskiing
Mountain bicycling on tarmac
Netball
Orienteering
Paintball
Pony Trekking
Racquetball
Road Cycling
Roller skating
Rounders
Running
Sailing (within 20 Nautical Miles of the coastline)
Sailing (outside 20 Nautical Miles of the coastline)
Scuba diving (Unqualified and above 18 metres)
Scuba diving (Qualified and above 40 metres)
Ski touring
Skidoo
Skiing (on piste or off piste with a guide)
Snowblading
Snowboarding (on piste or off piste with a guide)
Snowshoeing
Squash
Surfing
Table Tennis
Tennis
Tobogganing
Trampolining
Trekking (up to 4000 metres without use of climbing equipment)
Volleyball
War games
Water polo
Water Skiing
Wind Surfing
Yachting (within 20 Nautical Miles of the coastline)
Yachting (outside 20 Nautical Miles of the coastline)
Zorbing

## 9. SECTION A – CANCELLATION OR CURTAILMENT CHARGES

**YOU SHOULD ALWAYS CONTACT AXA ASSISTANCE BEFORE CURTAILMENT.** Contact the bank on Telephone+33 (0) 1 40 06 58 88 where they will validate **your covered card** and pass **you** through to **AXA Assistance**

### WHAT IS COVERED

**We** will pay up to the amount shown in the **Benefit Table** per **trip** for all **beneficiaries** travelling together for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay together with any reasonable additional travel expenses incurred if

- a) cancellation or rebooking of the **trip** is necessary and unavoidable; or
- b) the **trip** is **curtailed** before completion;

as a result of any of the following changes in circumstances, which is beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip**:

1. Unforeseen illness, injury or death of **you**, a **close relative**.
2. A **complication of pregnancy** relating to **you**.
3. The police requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (if **you** are the owner, manager or principal of the business) caused by

fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

#### SPECIAL CONDITIONS

1. **You** must obtain a medical certificate from **your** treating **medical practitioner** and prior approval of **AXA Assistance** to confirm the necessity to return **home** prior to **curtailment** of the **trip** due to death, **bodily injury** or illness.
2. If **you** delay or fail to notify the travel agent, tour operator or provider of transport/ accommodation, at the time it is found necessary to cancel the **trip**, **our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
3. If **you** cancel the **trip** due to **bodily injury** or illness **you** must provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that this necessarily and reasonably prevented **you** from travelling.
4. In the event of **curtailment** **you** must contact **us** to make necessary travel arrangements for **you**.
5. In the event of a claim for **curtailment**, indemnity will be calculated strictly from the date **you** return to **your home** in the **country of residence**.

#### IMPORTANT LIMITATIONS UNDER SECTION A - CANCELLATION OR CURTAILMENT CHARGES

This Benefit Schedule will not cover any claims under Section A - Cancellation or Curtailment Charges arising directly or indirectly from any **pre-existing medical condition** known to **You** prior to these benefits becoming effective or prior to booking any **Trip** (whichever is the later), affecting any **Close Relative** if:

1. a terminal diagnosis had been received; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
3. during the 90 days immediately prior to these benefits becoming effective or prior to booking any **Trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

#### WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from **your pre-existing medical conditions**.
2. The cost of recoverable airport charges, levies and taxes.
3. Any costs incurred because **you** did not contact **AXA Assistance** to make the necessary travel arrangements, immediately when **you** knew that **your trip** was to be curtailed.
4. Any claim arising directly or indirectly from circumstances known to **you** prior to the date these benefits became effective or the time of booking any **trip** (whichever is the later) which could reasonably have been expected to give rise to cancellation or **curtailment** of the **trip**.
5. Any costs paid for using any airline mileage reward scheme, for example Avios, or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday points scheme and/or any associated maintenance fees.
6. Any claim arising from **complications of pregnancy** which:
  - a) for Cancellation or rebooking – first arise before booking or paying for the trip, whichever is the later; or
  - b) for **Curtailment** - first arise before departing on **your trip**.  
Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
7. Any costs incurred when **you** do not get a medical certificate from the treating **medical practitioner** at **your** resort or place of incident, explaining why it is deemed medically necessary to return early to the **country of residence**.
8. Any claim resulting from **your** inability to travel due to a **beneficiary's** failure to hold, obtain or produce a valid passport or any required visas.

## 10. SECTION B – DELAYED DEPARTURE/ ABANDONMENT

#### 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 or
- d) involuntary denial of boarding of a confirmed scheduled flight if **you** have checked-in or attempted to check in within the published check-in times

**we** will pay **you**, *either*:

1. after a minimum of 4 hours delay, up to the amount shown in the **Benefit Table** per **trip** for all **beneficiaries** travelling together, for reasonable meals, refreshments and additional accommodation (room only); or
2. up to the amount as shown in the **Benefit Table** for Section A - Cancellation for any irrecoverable unused travel and accommodation costs and other pre-paid charges for all **beneficiaries** which **you** have paid or are contracted to pay if after a minimum of 24 hours delay, **you** choose to cancel **your trip**.

#### 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.

#### WHAT IS NOT COVERED

1. **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).
2. 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.
3. Abandonment after the first leg of a **trip**.
4. Any costs or charges for which any carrier or provider will compensate **you**.
5. Any expenses when reasonable alternative travel arrangements have been made available within 4 hours of the scheduled departure time.

## 11. SECTION C – BAGGAGE DELAY

#### WHAT IS COVERED

**We** will pay up to the amount shown in the **Benefit Table** in total for all **beneficiaries** 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.

#### SPECIAL CONDITIONS

1. Written confirmation must be obtained from the carrier, confirming the number of hours the baggage was delayed. **You** must:
  - a) obtain a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim within the time limit contained in their conditions of carriage (please retain a copy).
  - c) retain all travel tickets and tags to submit with a claim.
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 **your** baggage was returned.
6. All itemised receipts must be retained.
7. Cover only applies to **your** outbound **trip** outside of the **country of residence**.

#### 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.

## **12. SECTION D – EMERGENCY MEDICAL AND OTHER EXPENSES ABROAD**

#### WHAT IS COVERED

**We** will pay the following costs, up to the amount shown in the **Benefit Table**, for each **beneficiary** who suffers sudden and unforeseen **bodily injury** or illness, or who dies during a **trip** outside the **country of residence**.

1. All reasonable and necessary expenses which arise as a result of a **medical emergency** or a **complication of pregnancy** involving **you**. This includes **medical practitioners' fees**, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
2. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
3. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
4. With the prior authorisation of **AXA Assistance**, additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless **AXA Assistance** agrees otherwise.
5. Up to the amount shown in the **Benefit Table** per night for 10 nights for reasonable accommodation expenses incurred, up to the standard of **your** original booking, if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of **AXA Assistance**, up to the amount shown in the **Benefit Table** per night for reasonable additional accommodation expenses for a friend or **close relative** to remain with **you** and escort **you home**. If **you** and **your** friend or **close relative** are unable to use the original return ticket, **AXA Assistance** will provide an economy class ticket to return **you** to **your home**.
6. Economy class transport and up to the amount shown in the **Benefit Table** per night for 10 nights' accommodation expenses for a **close relative** from the **country of residence** to visit **you** or escort **you** to **your home** if **you** are travelling alone and if **you** are hospitalised as an in-patient for more than 10 days, with the prior authorisation of **AXA Assistance**.
7. In the event of **your** death the reasonable additional cost of funeral expenses abroad plus the reasonable cost of conveying **your** ashes to **your home** and the cost of the coffin/urn, or the additional costs of returning **your** remains to **your home** up to the amount shown in the **Benefit Table**.

#### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **AXA Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.

2. **You** must contact **AXA Assistance** as soon as possible in the event of **you** incurring medical expenses in excess of €500 relating to any one incident.
3. In the event of **your** **bodily injury** or **medical condition** **we** reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to the **country of residence** at any time during the **trip**. **We** will do this if in the opinion of the **medical practitioner** in attendance or **AXA Assistance** **you** can be moved safely and / or travel safely to the **country of residence** to continue treatment.
4. Subject to timely application to **us** and prior acceptance of the medical expenses for further claims payment, the **Insurer** has a right to decline the incurred expenses if **you** do not have these agreed in advance.

#### WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
3. Any expenses which are not usual, reasonable or customary to treat **your** **bodily injury** or **illness**.
4. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be delayed reasonably until **your** return to the **country of residence**.
5. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence**.
6. Additional costs arising from single or private room accommodation.
7. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **AXA Assistance**.
8. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this Benefit Schedule.
9. Any expenses incurred after **you** have returned to the **country of residence** unless previously agreed to by **AXA Assistance**.
10. Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations or vaccinations and/or taken the recommended medication.
11. Any costs **you** incur outside the **country of residence** after the date **our** Chief Medical Officer tells **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.)
12. **You** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this Benefit Schedule. If **you** choose alternative medical repatriation services without reasonable grounds for doing so, which **we** have accepted in writing, it will be at **your** own risk and own cost.
13. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
14. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your** **medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
15. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
16. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals.
17. Costs incurred in the United States that exceed the average reimbursement the medical service provider receives for all services rendered to its patients for like treatment, but in any event no more than one and a half times the rate that would be applicable if the costs were payable by US Medicare.

18. Costs of telephone calls, other than calls to **AXA Assistance** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
19. Air-sea rescue costs.

**Assistance** (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 28 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.

### **13. SECTION E - HOSPITAL BENEFIT**

#### WHAT IS COVERED

If **we** accept a claim under Section D – Emergency Medical and Other Expenses Abroad, **we** will also reimburse **you** up to the amount shown in the **Benefit Table** for incidental expenses (such as telephone line rental, television rental and visitor taxi journeys) for each continuous 24 hour period that **you** have to spend in hospital as an in-patient outside the **country of residence**.

#### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **AXA Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient.

#### WHAT IS NOT COVERED

Any claims arising directly or indirectly from:

- a) any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
- b) any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
- c) any additional period of hospitalisation following **your** decision not to be repatriated after the date when in the opinion of **AXA Assistance** it is safe to do so.

### **14. SECTION F - TRAVEL ACCIDENT**

#### WHAT IS COVERED

If **you** suffer an accidental **bodily injury** whilst on **public transport** during **your trip** which, within 12 months is the sole and direct cause of **your** death or **loss of limb**, **loss of sight** or **permanent total disablement**, **we** will pay to **you** or **your** legal personal representative one of the benefits as shown in the **Benefit Table**.

Benefit is not payable under more than one item shown in the **Benefit Table**.

#### SPECIAL CONDITIONS

1. The benefit is not payable under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
2. Normal and habitual travel to and from the **Cardholder's home** and place of employment or second residence shall not be considered as a covered **trip**.

#### WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.

### **15. 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 contact the bank on Telephone: +33 (0) 1 40 06 58 88 where they will validate **your covered card** and pass **you** through to **AXA Assistance** (any minor illness or injury costs must be paid for by **you** and reclaimed).
  - b) For all other claims telephone **our** Claims Helpline via the bank on Telephone: +33 (0) 1 40 06 58 88. The bank will validate **your covered card** and pass **you** through to **AXA**

### **16. COMPLAINTS PROCEDURE**

**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 contact the bank on Telephone: +33 (0) 1 40 06 58 88 where they will validate **your covered card** and pass **you** through to **AXA Assistance**. **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 Assistance, ATI France, C/Tarragona N° 161, 08014 - Barcelona, España. Or **you** may use e-mail: [serviceclients@axa-assistance.com](mailto:serviceclients@axa-assistance.com)

### **17. USE OF YOUR PERSONAL DATA**

In using these benefits **you** also agree **we** may:

- a) disclose and use information about **you** and **your** benefits – including information relating to **your** medical status and health – to companies within the AXA Assistance Group of companies worldwide, **our** partners, service providers and agents in order to administer and service **your** benefits, process and collect relevant payments and for fraud prevention;
- b) undertake all of the above within and outside the European Union (EU). This includes processing **your** information in countries in which data protection laws are not as comprehensive as in the EU. However, **we** have taken appropriate steps to ensure the same (or equivalent) level of protection for **your** information in other countries as there is in the EU; and
- c) monitor and/or record **your** telephone calls in relation to cover to ensure consistent servicing levels and account operation.

**We** use advanced technology and well defined employee practices to help ensure that **your** information is processed promptly, accurately and completely and in accordance with applicable data protection law.



If **you** want to know what information is held about **you** by the AXA Assistance Group, please write to: AXA Assistance, ATI France, C/Tarragona N° 161, 08014 - Barcelona, España  
There may be a charge for this service, as permitted by law. Any information which is found to be incorrect will be corrected promptly.

## **18. CANCELLATION OF THE POLICY AND COVERS**

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**.