



INFORMATION DOSSIER

Prepared pursuant to Art. 30 et seq. of IVASS regulation dated 26/15/2010 No. 35

This Information Dossier containing:

- 1) Glossary and Information Note;
- 2) General Conditions of Insurance;
- 3) Special conditions for Inter Partner Assistance S.A./AXA Assistance/AirPlus for 2023;
- 4) Information on data processing;

must be delivered to the Contractor prior to signing the agreement or, where applicable, the insurance proposal.

INSURANCE CONTRACT

AIRPLUS APAX1013

NOTICE

Before signing please read the Disclosure Notice

INFORMATION NOTICE

This information notice has been prepared in accordance with the format provided by IVASS, but its content is not subject to the prior approval of the IVASS. The contractor must review the insurance conditions prior to signing.

The date of the last update of the information contained in this Disclosure Notice: 19/12/2023.

Inter Partner Assistance S.A.

Member AXA Assistance Group S.A.

Registered office at 1000 Bruxelles, Boulevard du Régent 7

Inter Partner Assistance is a Belgian company authorised by the NBB (National Bank of Belgium) and subject to the regulatory limits of the FCA (Financial Conduct Authority). Inter Partner Assistance SA operates in Italy under the freedom to provide services, and is registered in the List of Companies kept by IVASS under number II.01089.

Telephone +39 068 750 3255, email: airplusITA@axa-travel-insurance.com.



GLOSSARY

- Insurance company:

Inter Partner Assistance S.A., an insurance company with its head office in Belgium at Boulevard du Régent 7, 1000 Bruxelles and its branch office in Ireland at 10/11 Mary Street, Dublin 1 (Company code 906006), wholly controlled by AXA Partners Group.

AXA Assistance Deutschland GmbH, Colonia-Alle 10-20, 51067 Cologne, Germany, is responsible for handling the assistance and insurance services. AXA Assistance is the direct contact for all enquiries regarding the assertion of assistance benefits and insurance claims. The insurer declares that it will accept any declarations made to AXA Assistance Deutschland GmbH in any form. This makes available the following contact details: telephone + 39 0687503255 - email: airplusITA@axa-travel-insurance.com.

- hereinafter IPA, the Company or also referred to as “we”, “our” and its variants

- Insured company:

AirPlus International S.r.l., with registered office in Bologna, Via della Salute, 14/2, Postal Code 40132, VAT and Tax ID No. 08434751007, REA Number Bologna 452267.

- hereinafter referred to as AirPlus-

- Insured persons:

individuals whose interest is protected by the insurance, according to the coverages indicated in the relevant sections of the insurance conditions, specifically the Corporate Card holders

- hereinafter also “you or You” or “your or Your” and its variants

- Insured:

the person in whose interest the agreement is concluded and the holder of the right to any indemnity.

- Assistance:

the timely assistance provided to the insured Company or the insured person, in cash or in kind, who is in difficulty following the occurrence of an accident.

- Luggage:

a suitcase, bag, backpack that can hold clothes, sports equipment and items for personal hygiene, that the insured person may carry with them.

- Contractor:

the party that stipulates the insurance. In the case of a natural person, the person of legal age with the capacity to act.

- Corporate Card:

all Corporate Cards issued by the policyholder or its subsidiaries/holdings or cooperation partners in the countries of the European Economic Area (EEA) (currently: AirPlus Corporate Card, AirPlus Supreme Card, AirPlus Travel Expense Card, AirPlus Corporate Credit Card as well as the respective Private Card issued until 2021). Excluded thereof are all Cards issued by “card complete Service Bank AG”.

- called below the “Corporate Card”

- Company Account:

All central billing accounts issued by the policyholders or their subsidiaries or cooperation partners (currently: AirPlus Company Account, AirPlus Debit Account, MC Lodged Account).

- hereafter “Account”

- Virtual Card:

All Virtual Cards Classic issued by the policyholders or their subsidiaries or cooperation partners. The AirPlus Virtual Cards Classic is available in the versions single-use and multi-use. For the single-use version, a Virtual Card number can be used for a one-off payment. For the multi-use version, a virtual card number can be used for multiple payments with the same purpose of use.

- hereafter “Virtual Card”

- Collaborative consumption:

the insured person can borrow or rent assets owned by a third party through an official supplier. These include, for example, chauffeur driven car services and lodging rentals.

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- Travel costs:

travel costs include the costs directly connected to the trip and that can be settled with a Corporate Card, the Virtual Card or an Account. This includes the cost of travel and lodging (hotels and the like). These costs must be paid by the Account, the Virtual Card or Corporate Card, or the Account, the Virtual Card or the Corporate Card must be provided for pre-authorization for the debit. Not covered are the costs of travel, costs for meals unless they are included in the monthly fixed fee (for example, the half board formula).

- Destination:

Italy: the Italian Republic, the Republic of San Marino and the State of Vatican City.

Europe: geographically European countries

World: all the countries in the world including Europe.

- Domicile:

the place where the insured person has established the main office of their business and interests.

- Event:

The occurrence that generated, directly or indirectly, one or more claims.

- Family:

the person bound by a relationship or partnership with the insured person (spouse, children, father, mother, brothers, sisters, grandparents, parents-in-law, sons- and daughters-in-law, brothers and sisters-in-law, aunts and uncles, cousins and grandchildren) and people permanently living with them as a resulting of their marital status.

- Deductible:

preset amount in an absolute number that remains payable by the insured for each claim.

- Compensation or indemnity:

the amount owed by the Company in the event of a loss covered by the policy guarantees.

- Illness:

any observable alteration in the state of health not due to injury.

- Ceiling

the maximum amount established in the policy, guaranteed by the Company for insurance in the event of a claim.

- Means of transport:

the means of transport for travel (plane, train, boat/ferry, long-distance bus lines or rental cars) and, if this is included in the terms defined in the terms for insurance coverage, the means used to reach or navigate from the transport means for the journey to your destination.

- Policy:

the document proving the existence of insurance coverage.

- Premium:

the amount owed by the contractor to the insurance Company.

- Time limit:

extinction of the right for failure to exercise it within the time limits set by law.

- Residence:

the place where the insured person has established their dwelling as per the residence certificate.

- Expiry:

date when the effects of the agreement cease.

- Uncovered:

the part of indemnifiable damage under the insurance policy as a percentage that remains payable by the insured for each accident.

- Accident:

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the occurrence of a harmful event, future and uncertain, for which the insurance is paid.

- Third parties:

any person outside the insurance coverage.

- Travel:

travelling for business or pleasure undertaken by the insured person and their authorised travel companions, worldwide, during the coverage period and resulting from the related travel contract.

OTHER DEFINITIONS ARE CONTAINED IN THE SPECIFIC SECTIONS.

This Information Notice is divided into three parts:

A. Information on the insurance Company.

B. Contract information.

C. Information on claims procedures and complaints.

A. GENERAL INFORMATION ABOUT THE INSURANCE COMPANY.

1. Insurance Company identity.

Inter Partner Assistance S.A., an insurance company with its head office in Belgium at Boulevard du Régent 7, 1000 Bruxelles and its branch office in Ireland at 10/11 Mary Street, Dublin 1 (Company code 906006), wholly controlled by AXA Partners Group.

AXA Assistance Deutschland GmbH, Colonia-Alle 10-20, 51067 Cologne, Germany, is responsible for handling the assistance and insurance services. AXA Assistance is the direct contact for all enquiries regarding the assertion of assistance benefits and insurance claims. The insurer declares that it will accept any declarations made to AXA Assistance Deutschland GmbH in any form. This makes available the following contact details: telephone + 39 0687503255-email: airplusITA@axa-travel-insurance.com.

Authorised for insurance business in Italy with registration number IVASS II.00928 listed in the appendix of the registry of insurance companies, List I: I.00014, operating in Italy in the system of free performance of services, registration in the Business Registry of RM-792,129, VAT. No. 04673941003 - Tax ID 03420940151 – Certified email: ipaassicurazioni@pec.it

Telephone +39 068 750 3255, email: airplusITA@axa-travel-insurance.com

2. Main activity and asset information of the insurance Company.

As of the last approved annual financial statements, the amount of shareholders' equity was Euro 957,117,452, of which Euro 130,702,613 were share capital and Euro 177,597,151 capital reserves, the Solvency Capital Requirement was Euro 207,301,359, the Minimum Capital Requirement was Euro 93,285,612, the own funds eligible to cover them amounted to 259,130,611, and the company's solvency ratio was 125%.

B. CONTRACT INFORMATION.

The insurance contract is concluded between the Company and AirPlus International S.r.l., for persons from time to time benefitting from the insurance coverage.

For fulfilling obligations and for any consequences resulting from a failure in compliance or performance of obligations, responsibility is borne by the person from time to time insured. The insurance coverage applies for travel all over the world. Insurance coverage for insured persons begins with the purchase or the provision of a Corporate Card, which includes the specific insurance benefits indicated in this document.

Different provisions (e.g., activation of insurance protection through use of paper) are described below.

The insurance coverage shall commence from the time and the date on which the Corporate Card, the Virtual Card or the Account is activated and expire on the date when the Corporate Card, the Virtual Card or the Account loses its validity, that is, the date that ends the framework contract related to that insurance.

For the services paid, before that deadline, with the Corporate Card, the Virtual Card or Account, the insurance coverage is guaranteed even after the deadline provided.

In the event that changes are made to the scope of this coverage, respective to the present insurance conditions, the insured persons will be notified by the insurance company via the insured company.

If the insurance policy was taken out on behalf of third parties, the exercise of the rights arising from the contract shall be the responsibility of the insured person. All the conditions applicable to the insured person shall apply accordingly to their successors and their other claimants. Credits related to the insurance coverage may not be transferred or assigned before their collectability without our consent.

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NOTICE: the insurance contract lasts for at least 3 (three) years and provides for automatic renewal and can be relinquished only by the insured Company within the prescribed term of 6 (six) months prior to the expiration. For more detail please refer to Art. 6 of the General Conditions of insurance.

3. Insurance coverage offered – limitations and exclusions.

This agreement provides a number of guarantees providing protection for those who travel, designed to offer protection against harmful and unforeseen events that occur most frequently during travel and systematically explicated in the Special Conditions of Insurance.

The guarantees indicated are per insured person and per year.

NOTICE: the insurance coverages provided are subject to limitations and exclusions or to conditions of suspension of the guarantee which may give rise to a reduction or non-payment of the indemnity. For more details please refer to Arts. 4 and 5 of the General Conditions of Insurance and the relevant sections of the Special Conditions of Insurance.

NOTICE: the insurance agreement provides for the application of deductibles and/or uncovered amounts and/or ceilings, as defined in the Glossary above and to the extent [resulting] in the Special Conditions of Insurance.

Example of applying a deductible:

Damage ascertained at € 1,000.00 – Deductible provided for in the policy equals € 200.00 per accident.

Amount settled equals € 800.00 (€ 1000.00 - € 200.00 = € 800).

(Optional) travel accident insurance coverage (30 days) with Company account/Virtual Card (POLICY NUMBER APAX1013)

Travel accident insurance - optional for 30 days

up to	€	600,000.00	for permanent total disability (additional disbursements starting from 70%)
up to	€	400,000.00	in the event of partial disability
	€	400,000.00	for death

For children up to 14 years of age, the compensation in the event of the death is € 25,000.00.

Additional allowances in case of injury

up to	€	100,000.00	transport charges for a case of return and repatriation due to injury, for health problems if prescribed by a physician
up to	€	25,000.00	for rescue costs
up to	€	25,000.00	for the necessary aids for medical treatment at a facility
up to	€	25,000.00	for cosmetic surgery
up to	€	15,000.00	for immediate compensation in case of serious injury
up to	€	15,000.00	for restoring buildings
up to	€	5,000.00	for rehabilitation costs
up to	€	5,000.00	for the cost of treatment abroad
	€	500.00	for casts
per diem	€	200.00	in case of restriction of individual freedom due to unlawful acts of third parties (up to one year)
per diem	€	200.00	in case of coma (up to two years)
hospital allowance of €		50.00	and convalescence allowance

NOTICE: guarantee subject to the limitations and/or exclusions as per the Special Conditions of insurance provided in Section A.

4. The insured person's declarations regarding the circumstances of risk - Nullity.

NOTICE: any false statements or omissions about the circumstances of risk made while concluding the agreement may lead to effects on benefits. For more detail please refer to Art. 9 of the General Conditions of insurance.

5. Aggravation or decreased risk.

The insured person must notify the insurance company in writing about any aggravation or decreased risk. Please refer to Art. 4 of the General Conditions of insurance.

Example. A case of related significant circumstance that causes a modification of risk is, for the sake of example, signing a policy with a destination in Europe, while the risk occurs in another country.

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6. Total insurance premium and costs.

The premium is paid by the Insured Company AirPlus International S.r.l. for IPA; the insured persons are not expected to pay any additional insurance premium beyond that already paid to IPA by AirPlus.

For the insured persons the present insurance conditions do not set out provisions relating to the payment obligation and method and the premium for IPA.

The premium and its payment methods shall be set out in the cover page of the policy contract signed between IPA and AirPlus. In summary, the premium will be calculated unitarily per single membership. Notwithstanding what was established in the policy, concerning the regulation of the premium, the Company will issue an appendix of regulation that the Contractor undertakes to settle.

7. Recourse.

Note: the Company reserves the right of subrogation to the insured within the meaning and for the purposes of Art. 1916 of the Italian Civil Code, against third parties responsible for the accident.

8. Right of withdrawal.

The insured person is not the holder of an independent right of withdrawal with respect to the insurance coverage included in customer cards or credit cards. Only the insured Company, i.e., AirPlus International S.r.l., may withdraw from the contract according to the terms set forth on the cover page of the policy stipulated with Inter Partner Assistance.

9. Time limit and lapse of rights deriving from the contract.

The claims arising from the insurance contract are limited to three years. The calculation of expiration is based on the general rules of the Italian Civil Code. In this regard it is specified that Art. 2952 of the Italian civil code, paragraph 1 provides that "the right to payment of the premium instalments shall expire one year from the individual expirations." In accordance with paragraph 2 of the same article, "the other rights arising from the insurance contract and the reinsurance contract are limited to two years after the day on which the fact occurred on which the right is based".

If a request relating to the insurance contract is presented to the insurance company, the limit of the request shall be suspended until the date the Company acknowledges it.

10. Law applicable to the contract and language of the contract

The present insurance contract is subject to Italian law.

Communications during the duration of the contract take place in Italian.

11. Tax system.

The insurance agreement is subject to tax under Law 1216 dated 29 October 1961, and subsequent amendments and supplements.

12. Claims – Clearance compensation.

NOTICE: the agreement may provide for specific procedures and terms for accident claims – in this regard see what is indicated in the paragraphs "obligations in the event of an accident/ claim of right" for each of the sections of the Special Conditions of insurance; the non-observance of which may lead to the total or partial loss of the right to compensation.

To file a claim for compensation, the insured person may call the number + 39 068 750 3255 (Monday-Friday 9:00-5:00) to get the appropriate form that must be completed and sent to IPA at the address airplusITA@axa-travel-insurance.com, complete with the following information: (i) the name of the insured person; (ii) reference to the type of insurance coverage; (iii) a brief description about the request.

The insured person must submit the claim for compensation within 28 (twenty-eight) days from the time the accident occurred.

From 1 January 2024, you will have the option of submitting this information online. Scan this QR code or follow the link: <https://airplus.claims.axa.travel/>

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NOTICE: Please keep copies of all the documents sent to us. For all the information relating to any claims we invite you to consult the policy conditions for each guarantee.

13. Complaints. Complaint procedure and extrajudicial recourse.

Any complaints regarding the contractual relationship or management of claims should be preliminarily sent in writing (mail, fax, and email) to:

AXA Assistance Deutschland GmbH
PO Box 1584
15205 Frankfurt (Oder)
Germany
E-mail address: Customer-Care@axa-assistance.de

The Company will provide acknowledgement to the complainant within a period of 45 (forty-five) days of receiving the complaint. In accordance with the provisions of regulation IVASS No. 24 dated 19 May 2008, the claimant may contact IVASS – Consumer Protection Service, Via del Quirinale 21, 00187 Rome, fax: 06 42133206; certified email: ivass@pec.ivass.it or tutela.consumatore@pec.ivass.it, sending the explanation of any documents related to the claim processed by the Company, in the following cases:

- complaints relating to infringements of the provisions of the law referred to in the Insurance Code and its implementing rules as well as the observance of Legislative Decree 206/2005 (“Consumer Code” 9 in the part relating to the distance marketing of consumer financial services, insurance and reinsurance companies, intermediaries and insurance adjusters;
- complaints already submitted directly to the Company for which the complainant is not satisfied with the outcome of the complaint, as well as those that the Company has not acknowledged within a maximum of 45 days from the date of receipt;
- complaints for cross-border dispute resolution.

Complaints addressed to IVASS must be submitted in writing using the template provided by IVASS and available on the website www.ivass.it.

Claims must contain: (i) complainant's name, surname and residence, email address, if available certified email, any telephone number); (ii) indication of the insurance enterprise the operation of which is complained; (iii) clear and concise description of the reason for the complaint; (iv) a copy of the complaint already transmitted to the enterprise and any response received and any other document useful to the discussion of the case.

For resolving cross-border disputes, the claimant residing in Italy may submit the complaint to IVASS or directly to the foreign system responsible for activating the FIN-NET procedure, by accessing the following website: <http://ec.europa.eu/finance/fin-net/>.

NOTICE: the personal data transmitted will be processed by IVASS for their own institutional purposes, in line with the provisions of Legislative Decree 196/2003.

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Any appeal to the judicial authority

For disputes concerning the quantification of benefits and attribution of liability, the judicial authority has exclusive jurisdiction. Before bringing a case to the judicial authority it is, however, possible and in some cases necessary, to seek a settlement through alternative dispute resolution systems such as:

- Mediation (Law 98, 9/8/2013,) which can be initiated by submitting an application to a mediation body among those on the list of the Ministry of Justice, which can be viewed on the website www.giustizia.it;
- Assisted Negotiation (Law 162, 10/1172014 [sic]): it can be initiated through the request of one's own lawyer to the Company.

As regards the place of jurisdiction in case of judicial controversy, the rules of the Italian civil code apply. For lawsuits related to injuries and illness, arising from the insurance contract, the place of jurisdiction is the place where the Institute of forensic medicine has its headquarters closest to the insured, subject to any contractual provisions more favourable to the insured.

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INTER PARTNER ASSISTANCE S.A. is responsible for the truthfulness and completeness of the data and information contained in this Information Notice

(Legal representative) (general information and signature)

GENERAL CONDITIONS OF INSURANCE

Art. 1 – Exercise of rights/beneficiaries

The insurance is stipulated for the benefit of the insured persons.

In the case of an accident, the exercise of rights shall be the responsibility of the insured person; in case of death it is the responsibility of the respective heirs.

If the insurance policy is concluded for the benefit of third parties, it is the insured person who is entitled to exercise the rights arising from the contract. All the provisions that apply to the insured person shall be applied accordingly also to his/her legal successors and other claimants.

The payables owed to the insured person or his/her heir after an accident are immediately valid, without the consent of the insured company, and are directly borne by the insurance company.

The insurance company waives the possibility to offset the payables of the insured person under the insurance agreement with debts related to expired insurance premiums and/or other debts arising from the insurance agreement. Payables arising from the insurance contract cannot be transferred or pledged before the expiration date without our consent.

Art. 2 - Prerequisites for insurance coverage.

The prerequisite for the insurance coverage is, in general, that there is some insurance stipulated by the Account, the Virtual Card or the Corporate Card and that the total travel costs have been paid through the Account, the Virtual Card or Corporate Card.

Travel costs can also be compensated through "Air Miles" or another points program; also the "air miles" or another alternative points program if the rates cannot be paid by this method or settled in the amount conceded as reimbursement of the ticket price. The points must be collected using the Corporate Card, the Virtual Card or Account, and it is necessary to provide proof of that fact.

Regardless of whether you use the cards, the insurance coverage is applicable to protection against accidents on means of transport for company /service cars, for cases of repatriation and transport following an accident, if necessary from a medical point of view and if prescribed by a physician as well as health insurance for overseas travel.

If it is not possible to pay by the Account, the Virtual Card or Corporate Card, before the start of travel, the insurance coverage is nonetheless activated if the corresponding card is used, before the start of travel, as a means of payment in a registration or reservation system, and the related charge is then actually processed using the same card. In case of death, for activating the insurance coverage it is sufficient that the related card was used in a registration or reservation system.

Art. 3 - Provisions for travellers with Corporate Card and contemporary existence of an Account or Virtual Card

In the case of the contemporary existence an Account with insurance cover, a Virtual Card with insurance cover and a Corporate Card with insurance cover, the total insurance coverage existing for the Account, the Virtual Card and the Corporate Card, including all the benefits agreed upon, is activated through the use of one of the two cards.

Regardless of whether you use the cards, the insurance coverage is applicable to protection against accidents on means of transport for company /service cars, for cases of repatriation and transport following an accident, if necessary from a medical point of view and if prescribed by a physician as well as health insurance for overseas travel.

The payment of the compensation will always be made on the basis of the best contractual conditions for the claimant. No summing of insurance coverage of the same kind is provided that arises from multiple contracts under this framework agreement.

Art. 4 - General exclusions

a) Sanction Exclusions

The insurer shall not offer any insurance cover, nor shall it pay any indemnity under such cover, in the event that it violates any international sanctions laws or provisions which expose the insurer, its parent company or the company in which it has a major shareholding to a sanction arising from such laws or provisions.

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Information on the relevant sanctions of the government authorities can also be found on the following website: https://www.eeas.europa.eu/eeas/european-union-sanctions_en

b) Travel Warning

Your travel to a country or specific area or event to which a government agency in the country of residence (the location of the registered office of the company where the traveling person is employed) or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations. If you travel to a country under embargo or where a government agency has issued a travel warning at the time of the beginning of the journey, the insurer will make no payment of any expenses and will only assist with arrangements if another form of payment is made for the services.

However, insurance cover is provided and service is offered if an event that led to a travel warning occurs unexpectedly after the start of the trip. The insurance cover expires at the end of the seventh day after the travel warning was issued.

Art. 5 - Limit of the insured benefits (aggregate)

The maximum compensation provided by us for all Accounts, Virtual Cards and Corporate Cards at the time of a claim amounts to € 100,000,000.00 per claim and per year. If that amount is exceeded, the allowances provided for all the insured persons involved in this claim will be reduced proportionally.

Art. 6 – Duration and variations of the contract

The policy lasts for 3 (three) years and provides for automatic renewal and can be relinquished only by the insured Company within the prescribed term of 6 (six) months prior to the expiration. In the event that the insurance company and the insured Company have agreed to changes to the insurance contract, these will be valid from the day of entry into force for all Accounts, Virtual Cards and Corporate cards already issued or to be issued offering coverage under this agreement.

Art. 7 - Subsidiarity principle

The payment of compensation will always be disbursed on the basis of the best contractual conditions for the complainant.

a) Subsidiarity to third parties

If the insured person is entitled to compensation from a third party, the insurance Company is liable only for the expenses exceeding these amounts.

The insurance company does not have to pay any compensation in the event where compensation for damages covered by another insurance contract can be requested.

These provisions exclude compensation for death and disability provided by the insurance for means of transport and travel accident insurance.

b) Subsidiarity in a case of the existence of multiple AirPlus contracts against accidents

The insured capital based on the framework agreement between AirPlus and the insurance company is guaranteed by the insurance for means of transport or travel accident insurance.

The payment of compensation will always be disbursed on the basis of the best contractual conditions for the claimant. No summing of equivalent insurance compensation is provided that arises from multiple contracts under this AirPlus framework agreement.

Also if there are multiple insurances for the same risk in several insurers separately, the insured person must notify each insurer of all the insurances. If the insurer intentionally omits making this notification, the insurers are not required to pay the compensation.

In the event of a claim, the insured person shall give notice to all the insurers in accordance with Art. 1913 c.c., indicating the name of the others. The insured may ask each insurer for the compensation owed according on the respective contract, provided that the total amounts recovered do not exceed the amount of the damage. The insurer who has paid is entitled to the right of recourse against the others for proportional division by virtue of the allowances owed under the respective contracts.

Art. 8 - Payment in foreign currency

The costs incurred in foreign currencies via a Corporate Card are reimbursed in Euro currency in accordance with what is indicated in the account statement that [notes] the amount of the charge.

In the event that the costs in foreign currency are not paid via a Corporate Card, conversion into Euro currency will proceed according to the ECB (European Central Bank) rate on the date when the documents were received by the insurance company. If necessary the amount in Euro currency will be made available in foreign currency at the conversion rate applicable on the date of the transfer of the amount.

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Art. 9 - Consequences in case of failure to comply with obligations.

If any of the obligations relating to insurance benefits is intentionally violated, the insurance coverage does not operate. In the case of a serious breach of any legal obligation, the Company is entitled to reduce the compensation for damages in proportion to the seriousness of the fault of the insured. In both cases, what is indicated only occurs if the Company has notified you in writing about the above legal consequences. In the event that the insured person proves that he or she did not commit any violation, the insurance coverage is operative. The insurance coverage remains valid also if the insured person proves that the breach of the obligation is not the cause of the incident and the determination of the claim, as regards the amount and compensation arrangement. This does not apply if the breach of the obligation was done intentionally.

Art. 10 - Reference to the rules of law.

For anything not expressly regulated by this agreement, the rules are applied as dictated by Italian law on the matter.

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Special conditions for Inter Partner Assistance S.A./AXA Assistance/AirPlus for 2017;

The Company provides the insurance coverage as specified below in the following table and in the following Section A.

SECTION A

A INSURANCE FOR MEANS OF TRANSPORT AND TRAVEL ACCIDENT INSURANCE (24 HOUR COVERAGE)

A.1 Explanations about the travel accident insurance (24 hour coverage)

Insured persons

Account

All employees and authorised guests are insured.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

Virtual Card

Insurance cover is extended to all employees and authorised guests.

Reservations up to 10 people are considered insured. Coverage is provided for all individuals of the collective/group bookings.

Corporate Card

The insurance covers:

- all the holders of a Corporate Card;
- the spouse or partner;
- his/her children (including foster children and children in foster care, as well as the children of the life partner of the insured) up to the age of 25, provided that they are attending vocational or scholastic education institutions;

for business or private travel.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

Prerequisites for insurance coverage.

The requirement for insurance coverage is that the costs for:

- airline tickets
- train/ferry tickets
- long-distance bus companies
- vacation packages all inclusive (combination of at least two travel services when the package contains at least one insured means of transport)

are paid entirely with an Account, a Virtual Card or a Corporate Card, which provides the insurance coverage (contract for third parties).

Scope of the insurance protection

The insurance coverage is guaranteed, independently of other insurances in place to cover injuries. However the different insurance protections arising from the multiplicity of existing contracts cannot be accumulated in the AirPlus credit card program.

1. As a passenger on a flight with an authorised transport aircraft, as a traveller on trains/passenger on ferries or long distance buses.

The insurance coverage starts upon entry into the area of the airport/station/ferry port, is valid for the entire duration of the trip (up to 30 calendar days) and ends after the arrival of the flight/ferry or train, with the exit from the airport/station/ferry port.

If for the journey to the airport/station/port before the planned trip a means of transport was used, the insurance coverage begins at the time of entering the vehicle. The insurance coverage terminates with the exit from the means of transport that is used after the arrival of the flight/ferry or train. Similarly, accidents are covered that occur during replacement transport offered by the transport company for reasons of bad weather conditions or for technical reasons.

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If the amount of time between the flights booked on a single plane ticket is greater than 30 (thirty) calendar days, the insurance coverage lapses 30 days after the departure flight, at midnight (24:00 hours). For subsequent flight routes or return flights booked with the airfare, the insurance coverage is valid only during the flight.

If with a plane, railway or sea ticket only a one-way trip is booked (one way), the insurance coverage ends upon the arrival of the means of transport, with the exit from the last means of transport used.

For train tickets by zone the following applies:

The insurance coverage is valid also for journeys made using train tickets, providing they have been paid by an insured Account, a Virtual Card or Corporate Card.

2. As a user of an all inclusive vacation package (combination of at least two travel services when the package contains at least one insured means of transport)

The insurance coverage shall apply to services included in the holiday package.

For Corporate Card holders the following also applies

3. As holder of the Corporate Card authorised for use of a company/service car

If the insurance coverage does not apply as per section 1 -2., insurance coverage is provided to the holder of a Corporate Card for business travel with a company/service car as the driver or passenger of that car. The insurance coverage is valid from the time of getting in until the time getting out of the car, except for brief stopovers.

Card holders authorised for the use of company cars are people who are permanently granted the use of Company cars/service.

The designation "Company/service car" means all the purchased or rented vehicles/family sedans and/or authorised by AirPlus client companies for this circle of people, and which are used exclusively to transport people. Car pooling vehicles are not subject to this rule.

This insurance coverage is valid regardless of the use of the card.

The holder of a Corporate Card authorised for use of a company car receives the above insurance coverage also for the business use of a replacement vehicle that does not fall specifically under this designation "Company/service car" if in the event of a claim it can be proved that the company car was temporarily not working and that this is why a replacement car was used.

If multiple holders of a Corporate Card authorised the use of a Company car receiving insurance coverage for their use take a trip together for work with a Company car, each will be made available the sum insured under this contract.

Not covered within the insurance are the daily routes between home and the usual place of work and back.

A.2 Additional allowances in the event of accidents

Repatriation costs and transport due to medical problems

1. Insured persons

Account

All employees and authorised guests are insured.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

Virtual Card

Insurance cover is extended to all employees and authorised guests.

Reservations up to 10 people are considered insured. Coverage is provided for all individuals of the collective/group bookings.

Corporate Card

The insurance covers:

- all the holders of a Corporate Card;
- the spouse or partner;
- his/her children (including foster children and children in foster care, as well as the children of the life partner of the insured) up to the age of 25, provided that they are attending vocational or scholastic education institutions;

for business or private travel.

Bookings for up to 10 (ten) people are considered insured. Coverage is provided for all persons included in collective/group reservations.

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2. Prerequisites for insurance coverage.

Allowances for the transport for return or repatriation for injury resulting from an accident, if necessary from a medical point of view and prescribed by a doctor, are conferred independently of the use of the card.

3. Scope of the insurance protection

The insurance coverage is valid for the transport back/repatriation resulting from an accident if necessary from a medical point of view and if prescribed by a doctor by means of transport to a domestic or foreign place in a suitable hospital located at the place of residence of the insured person.

In the event of the death of the insured, repatriation takes place to the place of last residence.

If an insurance coverage exists provided by another insurance Company/issuer that assumes these costs, then this insurance Company is responsible for the payment by priority. If another insurance Company/issuer takes over as the provider, the claim under this agreement shall be considered valid only for the residual costs not reimbursed, up to the value of the sum insured. In case of denying the right to compensation by another insurer/provider agency, the insured person may directly contact the Company.

For all the other additional allowances in case of injury, refer to the following provisions of the "General Conditions of insurance by means of transport and travel accident insurance".

A.3 General Conditions of insurance by means of transport and travel accident insurance

1 What is insured?

1.1 We offer insurance coverage in case of accidents affecting the insured person during the validity of the contract.

1.2 An injury occurs when the insured person suffers damage to health through a sudden event (accident) that causes an unintended negative effect on his or her body.

1.3 Injury means also a case where a major force exerted on the limbs or spine causes one of the consequences that follow

- dislocation of joints, or
- rips or tears of muscles, tendons, ligaments or joint capsules as well as
- death by suffocation or drowning in the water
- damages typically associated with diving (decompression sickness, injury to the tympanic membrane) without it being possible to identify a case of injury
- when the insured person suffers bodily harm in a situation of self-defence or in an effort to save human lives or material possessions

1.4 Also covered by the insurance is damage to the health resulting from extreme weather conditions (frost, solar radiation, and so on) as a result of an insured accident, under the terms specified in paragraph 1.2.

1.5 The insurance coverage is valid also for individuals who take actions to save the life of an insured person. The insurance sum amounts to € 25,000 in cases of death and € 25,000 in disability cases.

The insurance coverage is valid only if the person is not already insured with another insurance company and howsoever within the limits of this insurance agreement.

1.6 Rescue costs

1.6.1 If the insured person suffers an injury within the meaning of what is stated in paragraphs 1.2-1.5, the insurance covers the costs incurred up to the amount of € 25,000 for the following:

- a) search, recovery and rescue operations by public or private rescue units, as well as expenses normally falling within this category;
- b) transport of the injured to the nearest hospital or a specialised clinic, if necessary from a medical point of view and if prescribed by a doctor;
- c) Additional expenses for the return of the wounded in to his or her habitual residence, provided that these are connected to medical requirements or unavoidable depending on the type of injury;
- d) transfer to the last habitual residence in the event of death. In the case of death resulting from an accident abroad, as an alternative to transfer to the last habitual residence the burial costs abroad are covered;

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- e) in case of accident abroad, the supplementary costs for the trip home or the accommodation costs for minor children and the partner who were travelling with the insured person.
- 1.6.2 The insurer Company is required to pay compensation in the event that the insured person must pay expenses, such as those indicated in paragraph 1.6.1. (a), even if the latter did not suffer any injury, but such injury was imminent or possible on the basis of the specific circumstances of the particular case.
- 1.6.3 If another entity is obligated to pay compensation, the request for compensation from the Company may concern only the residual costs not already paid. In the event that the other obligor entity refuses to provide compensation, the claim can be submitted directly to the Company.
- 1.7.1 Subsidies for rehabilitation**
- 1.7.1 Prerequisites for compensation**
- 1.7.1.1 That the insured person is subject to necessary medical rehabilitation
- after one of injuries provided under the contract
 - due to damage to the health caused by the injury or its consequences
 - within three years from the date of the accident
 - for a time period of at least three consecutive weeks.
- These requirements shall be proved by the insured person by presenting a medical certificate of release and the authorisation documents for the rehabilitation measures through the institution of social insurance, the national health service or private mutual fund or the welfare office for social issues.
- 1.7.1.2 Also included in the insurance coverage are rehabilitations of the character of semi-inpatient, whereby the insured person, except for an overnight stay, receives a treatment program equated to that of an in-patient patient.
- 1.7.1.3 Excluded from the insurance coverage are:
- intensive rehabilitation treatments (IRENA);
 - follow-up treatments (ABH) after hospitalisation;
 - in-patient professional maintenance treatments by the association that provides insurance against civil liability of the employer (BGSW);
 - other treatments for completely in-patient care with per diems (covered by health or accident insurance) provided by us or by another insurance company.
- 1.7.1.4 Value of the compensation**
- 1.7.2.1 The maximum amount paid for rehabilitation is € 5,000.00 for each injury.
- 1.8 Subsidies for medical treatment at a facility**
- 1.8.1 The insurance Company pays for every accident, under the terms specified in paragraph 1.2, a subsidy for the costs of care up to € 25,000.00 (twenty-five thousand/00), when the following requirements are met.
- 1.8.2 According to the latest medical certificate, a disability is foreseeable or has already occurred. The medical necessity for the treatment and its relationship to the incident must be confirmed by a medical certificate.
- 1.8.3 The subsidy is used for a stay in a healthcare facility for at least three weeks, within 3 (three) years from the date of the accident, with a causal relationship in relation to the consequences of the accident.
- 1.8.4 Every other claim for compensation must have been exhausted before the activation of this insurance coverage.
- 1.9 Cosmetic surgery operations**
- 1.9.1 The insurance Company, after an accident in accordance with what was stated at paragraph 1.2, pays the expenses incurred for cosmetic surgery up to € 25,000.00 (twenty-five thousand/00).
- 1.9.2 If the injury of the insured person caused by an accident, after the end of treatment, requires cosmetic surgery, the insurance Company pays an amount equal to the resulting costs for:
- medical fees;
 - other costs related to cosmetic surgery;
 - costs for accommodation and meals in the clinic (but not the costs for additional food and drinks).
- Cost of care and dental implants can only be paid in the case of loss resulting from an injury or damage to the incisors or canines.
- 1.9.3 *Unless agreed otherwise, the following provisions shall apply:*

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The intervention and clinical treatment of the insured person shall take place within 3 years from the date of the accident. If the insured person has not yet reached 18 years old at the time of the accident, the reimbursement of costs also occurs when the clinical intervention and treatment of the insured person are not performed within this time limit, but before the age of 21.

- 1.9.4. If another entity is obligated to pay compensation, the request for compensation from the Company can be submitted only for the residual costs. In the event of the other obligor entity denying the right to compensation, the insured person may apply directly to the insurance company.

1.10 Immediate Compensation in case of serious injury

1.10.1 Prerequisites for compensation

When the insured person has suffered one of the following serious injuries due to an accident, under the terms specified in paragraph 1.2, and has claimed the compensation provided by the insurance company within six months after the incident, upon presentation of medical certificate:

- 1.10.1.1 Paraplegia following spinal cord injury
- 1.10.1.2 Total amputation of a foot or a hand
- 1.10.1.3 Craniocerebral injury with unambiguously demonstrated contusion or cerebral haemorrhage
- 1.10.1.4 Serious multiple injuries/multiple trauma
 - 1.10.1.4.1 Fracture of two long bones (combination of upper arm/forearm, thigh/lower leg)
 - 1.10.1.4.2 Injuries to two internal organs leading to the destruction of tissues
 - 1.10.1.4.3 Combination of at least two of the following injuries:
 - Fracture of one long bone
 - Fractured pelvis
 - Fracture of one or more vertebrae
 - Injury to an internal organ that cause the destruction of tissues
 - 1.10.1.4 Second-or third-degree burns on more than 30% of the body surface
 - 1.10.1.5 Blindness or severe deficiency of sight in both eyes; in the event of a deficit of visual acuity less than 5%
- 1.10.2 No right to immediate compensation is provided if the insured person dies within two months from the date of the accident.

1.10.3 Type and value of compensation

- 1.10.3.1 The insured person receives a single immediate compensation, with a value equivalent to 5% of the amount of basic insurance provided for a case of disability, but with a ceiling of € 15,000.00, if during the incident covered by insurance the injuries occur as defined in point 1.10.1.
- 1.10.3.2 The single immediate compensation is paid only once in case of an accident, regardless of the number of such injuries suffered by the insured person.

1.11 Compensation in case of coma

In the event that the insured person falls into a coma following an injury, for the period during which this state persists, the Company pays the sum of € 200.00 (two hundred/00) per day up to a maximum term of two years.

1.12 Restructuring costs

1.12.1 Prerequisites for compensation

- 1.12.1.1 If the insured person, as a result of an injury covered by the insurance within the scope of this agreement, reports a permanent deterioration of their physical or mental abilities (disability).

Because of this disability, the insured person is unable to perform the activities for his/her professional career without limitations or is unable to carry on daily life without restrictions.

By restructuring the workplace, the professional activity can be resumed completely or partially and daily life can be addressed in a better way.

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- 1.12.1.2 The request for reimbursement of expenses which are necessary to transform/adapt the workplace can be validly made to the insurance Company within two years after the accident.
- 1.12.1.3 If another entity is obligated to pay compensation, the request for compensation from the Company can be submitted only for the residual costs. In the case of denial of the right to compensation by the other obligor entity, the request can be presented directly to the Company.

1.12.2 Type and value of compensation

- 1.12.2.1 The insurance Company covers the costs necessary and proven for workplace restructuring, up to an amount of € 15,000.00, or as otherwise provided in paragraphs 1.12.2.2 and 1.12.2.3.

Workplace means the place where the insured person has carried on his/her career for majority of the time before the accident.

The costs compensated (to a maximum of € 15,000) cover the renovation of:

- office furniture
- an office (such as widening of doors)
- a building (such as the construction of ramps, elevator)
- toilet
- equipment
- car or commercial vehicle
- other facilities

Alternatively if restructuring the workplace is unnecessary, 80% of the costs (maximum € 15,000) for the renovation of the apartment to make it accessible for persons with disabilities (e.g. installing ramps, emergency call system, renovation of kitchen and bathroom).

- 1.12.2.2 If the restructuring has higher costs than new construction, the cost of the latter will be refunded.
- 1.12.2.3 If the insured person decides together with the employer that, instead of restructuring the previous workplace, it is convenient instead to set up an Office from scratch, these costs are covered.

If the renovation of the apartment of the insured person is not possible, such costs will be used instead of for restructuring, to relocate to an apartment equipped for disabled persons.

If the renovation of the workplace or apartment or relocation to an apartment equipped for disabled persons is not necessary, these costs will be used for the transformation of the private car of the insured person.

- 1.12.3 Of these costs a request for reimbursement can only be submitted for restructuring costs or to outfit a new workplace, or as restructuring costs for the apartment or moving to an apartment equipped for the disabled, or for the transformation of a private car. The different options cannot be combined together.

1.13 Costs for treatments during a stay abroad

1.13.1 Prerequisites for compensation

The insured person is entitled to compensation for a single injury during a stay abroad for a max of one year.

For dealing with the consequences of the accident the costs covered are those that are not by law reimbursed by private or public health care.

1.13.2 Type and value of compensation

The maximum reimbursed is € 5,000.00 with an amount of € 50.00 for each request, for proven

- medical fees
- other costs for operation
- costs for accommodation and meals in the hospital (but not the costs for additional food and drink)
- medicines
- artificial limbs
- bandages

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1.14 Cost for casting

1.14.1 Prerequisites for compensation

The insured person was wearing a cast as a result of the accident at the doctor's prescription for a period exceeding 21 days.

1.4.2 Type and duration of compensation

The cast subsidy of € 500.00, is paid only once for each injury.

1.15 Disappearance

If an insured person has disappeared, the claim for compensation matches the insured sum for a case of death.

The insurance company is obliged to pay the compensation only when the insured person has been declared dead through a legal process, the disappearance was announced and the related death certificate presented. In the event that it is established that the person has instead survived, the payment of compensation must be returned.

1.16 Restriction of individual freedom due to unlawful acts of third parties

1.16.1 Prerequisites for compensation

The insured person has suffered physical and psychological damage as a result of a restriction of his/her personal freedom due to unlawful acts of third parties.

1.16.2 Type and value of compensation

€ 200 shall be reimbursed per day for not longer than one year.

2 Additional types of compensation agreed

2.1 Compensation for disability

2.1.1 Prerequisites for compensation

2.1.1.1 The insured person, as a result of an injury covered by the insurance within the scope of this agreement, reports a permanent deterioration of their physical or mental abilities (disability).

The invalidity

- has taken place within 18 months after the accident and;
- within 24 months of the incident was confirmed by a medical certificate and the insured person submitted a claim for compensation with respect thereto. The term shall be considered satisfied if a doctor was requested to submit the requested information, but it was not actually made available within the prescribed term.

2.1.1.2 Every right to compensation for disability expires if the insured person dies as a result of the accident within one year of the same accident.

2.1.2 Type and value of compensation

2.1.2.1 Compensation for disability is paid as reimbursement of the sum spent.

2.1.2.2 Bases for calculating the compensation are the sum insured and the degree of disability caused by the injury.

2.1.2.2.1 In case of loss or incapacity of the following parts of the body and sensory organs, the levels of invalidity applicable are as follows:

Arm or hand	100%
Thumb	30%
Index finger	20%
Other finger	15%
Leg or foot	100%
Big toe	15%
Other toe	5%
Jaw due to surgical operation	30%
Eye*)	100%
Hearing in one ear	40%

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Hearing in one ear, in the event where hearing in other ear was already lost at the time of the accident	70%
Hearing in both ears	100%
Smell	20%
Taste	20%
Speech	100%
Infertility (male)	30%
Problems of fertility and procreation for women up to 40 years of age	30%

In case of partial loss or reduction in capacity the part considered corresponds to the respective percentage value.

*) Total and permanent loss of sight

- in both eyes, when the insured person shall be entered in the register of people suffering from blindness as a result of the report by a qualified physician or;
- in one eye, if the visual ability amounts to less than 3/60 based on the Snellen chart, also after applying corrective aids.

2.1.2.2.2 For other parts of the body and sensory organs, the level of disability depends on the total impairment of normal physical or mental capacity. In that regard, the medical opinion must be taken into account exclusively.

2.1.2.2.3 In case parts of the body or sensory organs or their functions were already compromised prior to the accident, the level of disability will be reduced accordingly based on the pre-existing disability. For this calculation it is necessary to refer to paragraphs 2.1.2.2.1 and 2.1.2.2.2.

2.1.2.2.4 If multiple parts of the body or sensory organs are compromised as a result of the accident, the sum of the levels of disability specified in accordance with the preceding provisions will proceed. However a degree of disability greater than 100% will not be applied.

2.1.2.3 Additional compensation for disability greater than 70%

If an accident, occurring before the age of 70 of the insured person without the onset of illness and disability in accordance with the principles of assessment set out in paragraph 2.1.2.2.1, still leads to an impairment of earnings capacity of at least 70%, the insurance Company will pay double compensation for disability.

The additional compensation is limited to a maximum amount of € 200,000.00 for each insured person. In the event that the insured person is supported by several accident insurances taken out with our insurance Company, that maximum amount applies to the entirety of the insurances taken out.

2.1.2.4 If the insured person dies

for reasons unrelated to the accident within one year of the accident or;

- regardless of the reason, no later than two years after the accident and had presented an application for disability, the insurance Company will provide the refund depending on the degree of disability certified by the related medical report.

2.2 Hospital per diem

2.2.1 Prerequisites for compensation

2.2.1.1 The insured person has, because of the injury, the need to receive treatments completely in-patient, which are necessary for medical reasons.

2.2.1.2 an immediate follow-up treatment, with hospitalisation or not, through the employer's liability insurance (BGSW) (within 30 days) is valid as completely in-patient medical treatment needed for medical reasons.

2.2.1.3 Care such as admissions to sanatoria, rehabilitation centres and nursing homes do not qualify as completely in-patient care treatments necessary for medical reasons, as long as paragraph 2.2.1.2 does not apply.

2.2.1.4 If the insured person has suffered an injury covered by the insurance agreement, the insurance Company, after a hospital stay of 14 days at the site of injury, covers the costs incurred for transport back to a hospital in the place of origin, or in the vicinity thereof, up to an amount of € 3,500.00.

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2.2.1.5 Notwithstanding what is stated in paragraphs from 2.2.1.1 to 2.2.1.4, inpatient per diems are also paid for outpatient treatments necessary following the accident, if normally performed by an in-patient method. The hospital per diem is paid, for these cases, for a period of 5 days.

2.2.2 Type and duration of compensation

2.2.1 The hospital per diem, of the value agreed in the insurance, for each calendar day of completely in-patient treatment, and up to a maximum of two years from the date of the accident.

2.2.2 Notwithstanding what is stated in paragraph 2.2.1, the hospital per diem is paid even beyond 2 years after the accident, if hospitalisation is required for the removal of osteosynthesis materials.

This extension applies at the latest until the end of the 3rd year from the date of the accident.

2.2.3 As partial exception to what is stated in paragraph 2.2.1, the hospital per diem is also guaranteed for in-patient treatment at a rehabilitation centre, which takes place immediately after in-patient stay in a treatment hospital following the accident. The hospital daily allowance is paid for each day of inpatient treatment in rehab, however up to a maximum of 100 days.

2.2.4 If a doctor has recommended and certified that an escort stay with the insured person at the hospital due to the serious consequences of the accident, the daily allowance for that hospitalisation will be doubled.

2.3 Convalescence allowance

2.3.1 Prerequisites for compensation

The insured person is discharged from the in-patient hospital treatment and is entitled to hospital per diem in accordance with what is stated in paragraph 2.2.

2.3.2 Type and duration of compensation

2.3.2.1 The convalescence allowance is paid according to the agreed amount of the insured sum for the same number of calendar days for which the insurance company pays the hospital per diem, and howsoever with a maximum of 100 days.

2.4 Compensation in case of death

2.4.1 Prerequisites for compensation

The insured person has died as a result of the injury, within 24 months of the injury.

If, during that time, compensation has been paid, as referred to in point 2.1, this will be deducted from the amount paid as compensation in case of death. The insurance company waives the return of compensation for disability if this exceeds the compensation in case of death.

For special obligations, refer to paragraph 5.5.

2.4.2 Value of the compensation

2.4.2.1 Compensation in the event of death is paid based on the amount agreed for the insured sum.

2.4.2.2 The insured sum agreed is increased by 10%, with a maximum of € 5,000 for each dependent child under the age of 18, or the age of 23 if the child is still enrolled in courses of study.

2.4.2.3 When payment of compensation is owed as stated in paragraph 2.4, the burial costs can also be requested up to a maximum amount of € 7,500 for each insured person.

3 What is meant by the effects of illness or disability?

In its capacity as accident insurer, the insurance company indemnifies the damages caused by accidents. If illness or disability have coparticipated in relation to the health problems caused by the accident or the consequences thereof, this reduces:

- the percentage of the disability level, in the event of disability;
 - the amount of compensation in case of death and in all other cases (in the absence of other provisions).
- However, if the share of the coparticipation is less than 45%, the reduction is not applied.

4 When is the insurance coverage excluded?

4.1 The right insurance coverage expires in the following cases:

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- 4.1.1 Accidents of the insured person due to mental disorders or disorders from loss of consciousness, such as in cases of stroke, epileptic seizures or other convulsive episodes involving the whole body of the insured person.

The insurance coverage is valid, however:

- when these disturbances or episodes are caused by an injury covered by this agreement;
- for accidents due to impaired consciousness that isn't due to drunkenness or drug use

- 4.1.2 Injuries sustained by the insured person who has deliberately made improper use of drugs or medication.

- 4.1.3 Injuries that the insured person has deliberately inflicted upon him/herself, suicide and attempted suicide.

- 4.1.4 Injuries caused by war and acts of war. War or acts of war shall mean any action or consequence or attempt to participate in military action between countries, including civil war, revolution or invasion. Active participant shall mean anyone who, on behalf of a warlike party, delivers, transports or otherwise deals for military purposes, in systems, equipment, appliances, vehicles, weapons or other materials.

- 4.1.4.1 Passive risk of war

Insurance cover exists for accidents which occur to the insured person through war events without being an active participant in the war or civil war (passive war risk), unless the damage was triggered by a nuclear, chemical or biological attack or the circumstances already existed at the beginning of the journey.

Military action in the country of habitual residence of the insured remains excluded, or of any country where he/she stays for at least 12 continuous months such as the countries of Afghanistan, Chechnya, Iraq, North Korea and Somalia.

- 4.1.5 The insured person's injuries while acting as a pilot (also VDS pilot, sports leisure plane pilot), insofar as it requires specific permission, according to the Italian law, as well as acting as other crew members of an aircraft.

- 4.1.6 Damage to intervertebral discs, bleeding from internal organs and cerebral haemorrhage.
The Insurance coverage remains valid if an injury covered by this agreement is the predominant cause as described in point 1.3.

4.2. Infections

- 4.2.1 The insurance is also valid in case [of rabies] and tetanus as well as for the pathogen infections developed through injury resulted from injury.

4.3 abdominal or inguinal hernia

They are insured if they are caused by a violent external event provided within the scope of this agreement.

5 Important elements to consider after an injury (liability)

- 5.1 After an injury that will probably be entitled to compensation, the insured must immediately consult a physician, follow the instructions and inform the insurance Company.

- 5.2 The accident report sent by the insurance Company shall be compiled by the insured person truthfully and returned in a timely manner; likewise, responses to requests for relevant information by the insurance Company must be transmitted the same way.

- 5.3 In the event of a claim, the receipts must be submitted for the payment of the travel services covered by the insurance and paid with an Account, a Virtual Card or a Corporate Card.

- 5.4 in case one or more doctors are authorised by the insurance Company, the insured person must submit visit requests of these latter. The necessary expenses, including the resulting loss of income shall be borne by the insurance company.

In case where lost income of independent workers is not verifiable, we will refund an amount equal to 1.5% of the sum insured in case of disability, however, with a ceiling of € 1,000.

- 5.5 The doctors who performed the treatments or visited the insured for other reasons, are authorised to provide all the necessary information to other insurance companies, agencies and government authorities.

- 5.6 If the claim is made as a consequence of death, this must be reported within 72 hours, even if the claim was already submitted.

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The deadline for the claim starts at the time when you, your heirs or dependants are aware of the death of the insured person and of the possibility of a nexus with the cause of the claim.
The insurance company has the right to request an autopsy be performed if necessary, by a doctor designated by us.

6 When is compensation payable?

6.1 The insurance company shall, within four weeks (three months, in case of disability) communicate in writing whether and to what extent it has accepted the claim. The terms begin with the receipt of the following documents:

- documents proving the dynamics of the accident and its consequences;
- if applying for disability, additional evidence regarding the completion of treatment, if necessary for the assessment of the same disability.

The medical expenses incurred by the insured person to justify the claim for compensation are totally assumed from us.

6.2 The insurance company, if accepting the claim or agreeing with the insured person involved on the reason and amount, provides compensation within two weeks.

6.3 If the obligation of the insurance company was originally established only in principle (and not yet for the amount), it will pay (upon request) advances of an appropriate amount.

Before completing the healing process, disability compensation can be claimed within one year of the accident, only up to the amount agreed in the event of death.

6.4 The insured person and the insurance company have the right to reassess the degree of disability annually.

This right shall be owed to the person insured and the insurance company

- up to three years;
- for children up to 14 years of age, up to five years after the injury.

This right must be exercised

- by the insurance company, together with our declaration of the right to compensation, as referred to in paragraph 6.1;
- by the insured person, before the expiry of the term.

In the event that the last assessment finds disability compensation greater than already paid, the additional sum will be increased by 5% per year with coverage for interest.

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INFORMATION ABOUT THE PROCESSING OF PERSONAL DATA

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

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

These activities may include:

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

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

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

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

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

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

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

Email: dataprotectionenquiries@axa-assistance.co.uk

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

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