



INTER PARTNER ASSISTANCE S.A.
Insurance and Reinsurance Company
General Agency for Italy

**MULTI-RISK TRAVEL INSURANCE
POLICY**

"TRIPY BUSINESS"

Policy Summary

Last updated in June 2020

Inter Partner Assistance S.A.

Compagnia di Assicurazioni e Riassicurazioni

Rappresentanza Generale per l'Italia - Via Carlo Pesenti 121 - 00156 Roma - Tel. 06/42118.1

Sede legale Bruxelles - Avenue Louise 166 - Capitale sociale € 31.702.613 interamente versato - 100% AXA Partners Holding S.A.

N. Iscrizione all'Albo Imprese di Assicurazioni e Riassicurazioni I.00014 - Autorizzazione Ministeriale n. 19662 del 19.10.1993

Registro delle Imprese di Roma RM – Numero REA 792129 - Part. I.V.A. 04673941003 - Cod. Fisc. 03420940151



GLOSSARY

Insured: The individual whose interests are covered and protected by the insurance.

Insurance: the insurance contract.

Assistance: timely assistance or help, in money or in kind, provided that the insured person is in difficulties following the occurrence of an accident, organised through the Operations centre.

Baggage: Clothing, sporting goods and personal hygiene items, photographic and video equipment suitcase, a handbag, a backpack that may contain them and which the Insured may take with him/her on the trip.

Natural disasters: tornadoes, hurricanes, earthquakes, volcanic eruptions, floods, nuclear explosions and other upheavals of nature.

Travelling companion: the insured person who, while not having family ties with the insured who suffered the incident, is listed on the same journey of the Insured.

Operations Centre: the organisational structure of Inter Partner Assistance SA - General Agent for Italy - Via Carlo Pesenti, 121 - 00156 Rome - made up of human resources and equipment, available 24 hours of every day of the year, providing telephone contact with the Insured, organising intervention in-situ and to carry out, with costs borne by the Company, any assistance provided for in the Policy.

Insuring Party: the person who takes out the insurance. In the case of a natural person, a person of legal age with legal capacity to act.

Italy: the territory of the Republic of Italy, including the Republic of San Marino and the Vatican City.

Destinations: The list of individual countries per destination zone is available on the website prior to subscription.

Address: the place, in the country of origin, where the Insured lives or has established the headquarters of his business and interests.

Day hospital: a hospital stay not involving an overnight admission, but documented by medical records, at a medical facility authorised having beds devoted to hospital use.

Abroad: all countries of the world, except Italy.

Event: the event that caused or has given rise, directly or indirectly, to one or more claims.

Family: spouse, son, daughter, father, mother, brother, sister, father-in-law, mother-in-law, of the Insured, as well as other persons permanently living together with him/her as a family.

Excess: fixed amount, in absolute number, to be paid by the insured person in the event of a claim or claims.

Theft: The offence under Article 624 of the Italian Criminal Code, committed by anyone who takes possession of the property of others, depriving its owner of it in order to gain profit for themselves or others.

Compensation or indemnification: the sum payable by the Company in event of a claim covered by the guarantees of the policy.

Injury: casualty due to fortuitous, violent and external causes that produces objectively noticeable bodily harm, which, as a consequence, results in death, permanent injury or disability or temporary disability.

Care institution: University college hospital, hospital, nursing home, day hospital, diagnostic and / or therapeutic clinic, duly authorised for diagnosis and treatment. The following are not commonly

considered as health facilities for diagnosis and care: spas, mainly those for dietary purposes, for wellness, rehabilitation, convalescence, hospital stays or long stays, facilities for the elderly.

Illness: any noticeable impairment of health not due to the injury sustained.

Pre-existing disease: the disease that is the expression or direct consequence of chronic or pre-existing pathological situations at the start of the trip.

Maximum: the maximum amount, established in the Policy, guaranteed by the Company in the event of a claim.

Medicines: Considered to be those entered in the Italian Register of Medicines. The following are not considered to be pharmaceutical products: homoeopathy, cosmetics, dietary, galenic preparations, etc., Even if prescribed by a doctor; **Policy:** the document which proves the insurance has been taken out.

Premium: the amount owed by the Contractor to the Insurer.

Statute of Limitations: the expiry of the time to exercise the same right within the time allowed by law.

Robbery: His theft of movable objects from the owner, with violence or threat to his/her person.

Residence: the place where the Insured has established his/her dwelling as a result the certificate of residence.

Admission / hospitalisation: staying in care institutions duly authorised for the provision of hospital care, covering at least one night, or a day hospital stay.

Deadline: the date on which the effects of the contract cease.

Deductible: The part of indemnifiable damage under the terms of the policy, calculated as a percentage, that remains the responsibility of the insured per claim.

Claim: the occurrence of the damaging event, in an uncertain future, for which insurance has been given.

Company: INTER PARTNER ASSISTANCE S.A. General Agent for Italy - Via Carlo Pesenti, 121 - 00156 Rome.

Third parties mean any person not falling within the definition of "family".

Travel: the travel resulting from the related ticket (flight, railway, sea, road).

SPECIAL CONDITIONS OF INSURANCE

Territorial extension

The insurance is valid for the following sections:

- Assistance/Medical expenses during the travel, Baggage, Third Party Liability - TPL, Travel Accidents, Plane accidents, Legal protection: destination chosen in the policy.

Exclusions common to all sections

Excluded from the terms of this insurance are all the services for which the Insured has not sought prior approval from the Operations Centre helpline.

The following are also excluded from any compensation, services, consequences and / or event arising directly or indirectly from:

a) a) situations of armed conflict, invasion, acts of foreign enemies, hostilities, war, civil war, rebellion, revolution, insurrection, martial law, military or usurped power or attempts to usurp power;

b) acts of terrorism in general, including the use of any type of nuclear or chemical bomb; **This exclusion is not operational for the travel assistance and medical expenses guarantees during travel;**

c) ionising radiation or radioactive contamination from nuclear fuel, or arising from phenomena of transmutation of the nucleus or radioactive, toxic, explosive, or other dangerous features of nuclear equipment and its components;

d) tornadoes, hurricanes, earthquakes, volcanic eruptions, flooding, nuclear explosions and other natural disasters; **This exclusion is not for Assistance and Medical Expenses while travelling and Back Home;**

e) air, water, soil, subsoil, or any other environmental damage;

f) search and rescue expenses of the insured in the sea, lake, mountain or desert;

g) wilful or gross misconduct of the Insured;

h) suicide or attempted suicide.

No (re)insurer will be required to provide coverage, to pay a claim or provide a service in any capacity in the event that the provision of such coverage, payment of the claim or the provision of this service exposes the (re) insurer to any penalty or restriction pursuant to a resolution of the United Nations or under the sanctions, laws or economic and trade embargoes of the European Union, the United Kingdom or the United States of America.

Age limitations

For trips with a duration up to 35 days, persons under the age of 90 years are insurable. However, for people who reach this age (90 years) during the contract, the policy remains valid until the expiry of the Policy.

For trips longer than 35 days, persons under 71 years of age are insurable. However, for people who reach this age (71 years) during the contract, the policy remains valid until the expiry of the Policy.

Limitations common to all sections

In the event of multiple claims covered by the policy and caused by the same event that involved more than one policyholder at the same time, the aggregate policy ceiling for all claims cannot exceed € 20,000,000.00.

In the event that the total amount of claims exceeds € 20,000,000.00, the sums to be paid to the Insured will be reduced on a proportional basis, if possible.

PURPOSE OF THE INSURANCE

The Company, through its Operating Centre, provides the guarantees specified in the following sections:

- A. ASSISTANCE AND MEDICAL EXPENSES WHILE TRAVELLING
- B. BAGGAGE
- C. THIRD PARTY LIABILITY - TPL
- D. TRAVEL ACCIDENTS
- E. FLIGHT ACCIDENTS
- F. LEGAL PROTECTION
- G. BACK HOME

A. ASSISTANCE AND MEDICAL EXPENSES WHILE TRAVELLING

Definitions of the section details:

Family: the person bound by a family relationship with the Insured (mandatory list: spouse, cohabiting partner, children, father and mother). Other relatives are included in the definition of family member only if permanently living with the Insured as well as resulting from the family status (mandatory list: brothers, sisters, grandparents, in-laws, genders, daughters-in-law, brothers-in-law, uncles, cousins, grandchildren).

A.1. - Purpose of the insurance:

The Company, in the event of illness or an accident while travelling organises and provides 24-hour assistance through its Operations Centre the following benefits:

TRAVEL ASSISTANCE	Destination		
	Zone 1	Zone 2	Zone 3 / Zone 4
The maximum levels indicated must be considered per Insured, claim and insurance period, given the sub limits set out below.			
a) MEDICAL CONSULTATION BY TELEPHONE. The Operations Centre is available to the Insured to organise a medical consultation by telephone in the event of a sudden emergency while travelling.	YES	YES	YES
b) SENDING A DOCTOR OR AN AMBULANCE IN CASE OF EMERGENCY. If the Operations Centre medical service deems it necessary and a medical examination of the insured cannot be postponed, the Operations Centre will send an approved local general practitioner or if it not immediately available a doctor, organising the transfer of the insured by ambulance at the closest Accident and Emergency centre. The service is provided with costs borne by the Company. <i>N.B.: It is understood that in an emergency the Operations Centre helpline cannot in any way be a substitute for either Official Emergency Services (118), nor will it assume any costs incurred.</i>	YES	NO	NO
c) INDICATION OF A SPECIALIST DOCTOR. If, following the Medical Consultation by telephone, the insured should undergo specialist treatment, the Operations centre helpline will provide, consistent with local availability, the name of a specialist doctor in the location closest to the place where the Insured is.	NO	YES	YES
d) TRANSFER – PATIENT TRANSFER If the medical service of the Operations Centre advises the transfer of the patient following clinical consultation and in agreement with the attending physician on site, the Operations Centre will organise: <ul style="list-style-type: none"> • Transfer of the patient to the nearest suitable medical facility; • Transfer from the medical facility to the residence of the insured; • The repatriation to Italy of the insured patient if the conditions allow and require it; With the necessary assistance during transport with the medical or paramedical personnel. The patient transfer will be made, with all expenses paid by the Company, using the most appropriate means at the discretion of the Operations Centre. These means may be: <ul style="list-style-type: none"> • air ambulance, exclusively for the return to Italy and that the claim has taken place in Europe; • airline, possibly stretchered; • first class train and, if necessary, sleeper carriage; • ambulance, unlimited mileage; • other means of transport. Excluded from the service are: <ul style="list-style-type: none"> • illnesses or injuries which, in the opinion of the medical service of the Operational Centre, can be treated on site or at least do not prevent the continuation of the trip; • infectious diseases if transportation implies violation of national or international health requirements; • all cases where the insured or his family has voluntarily signed the waiver against the advice of the doctors with whom he/they was/were hospitalised; The Company shall have the right to request any unused travel ticket for the return of the Insured	YES	YES	YES
e) TRANSFER OF OTHER INSURED PARTIES If following the Transfer – Patient transfer service, or in case of death of the insured, the family members and the fellow travellers were not objectively able to return to their place of residence in Italy via the means initially planned for, the Operations Centre helpline will provide them a first class train ticket or economy class airfare. The service shall be provided that family members and travelling companions are insured. The Company shall have the right to ask them for any unused travel tickets for the transfer.	€ 1,000	€ 1,500	€ 2,000
f) RETURN OF INSURED MINORS. If the Insured is unable to take care of the children insured with him in the trip as a result of hospitalisation or death and there is no one else able to do so, the helpline will provide a family member with a return ticket (first class by train or economy class by plane or other means at its sole discretion) to enable it to reach the children and bring them back to their home in Italy. The Company also refunds: <ul style="list-style-type: none"> • the possible new return ticket of minors; • the costs for a one-night stay of a family member. 	€ 1,000	€ 1,500	€ 2,000

<p>g) SENDING URGENT MEDICINES If the Insured needs medication regularly registered in Italy but it is not available in the immediate location or it cannot be replaced with a suitable local medicinal equivalent, the medical service of the Operational Centre will accept to send the medicines via the quickest means possible in compliance with the rules and deadlines that regulate the transportation of medicines and drugs. The Company will bear the cost of shipping, while the cost of drugs remains the responsibility of the insured.</p>	NO	YES	YES
<p>h) INTERPRETER AVAILABLE. If the Insured is hospitalised during the trip and he has language difficulties in communicating with the doctors, the Operations Centre will send an interpreter on the spot. The Company shall bear the cost of the interpreter.</p>	NO	€ 1,000	
<p>i) translation of the medical file. If the Insured needs the translation of the medical records released as a result of hospitalisation during the trip, he may request them to be translated into Italian from English, French, Spanish or German. The translation will only occur with the consent of the Insured in respect of the provisions of the current legislation in Italy on the processing of personal data.</p>	NO	YES	YES
<p>j) TRAVEL OF A FAMILY MEMBER IN CASE OF HOSPITALISATION. If the Insured, travelling alone or with minor, is hospitalised with an expected admission of more than 5 (five) days, the Operations Centre helpline will provide a round-trip ticket (first class train or economy class air travel or other means at its sole discretion) to enable a family member, who is in Italy, to reach the Insured who has been admitted to hospital.</p>	YES	YES	YES
<p>It includes the accommodation fees (bed and breakfast) for the family member.</p>	A maximum of 7 nights with a limit of € 700		
<p>k) EXTENSION OF STAY. If the Insured is unable to return to Italy on the pre-established date due to:</p> <ul style="list-style-type: none"> • Hospitalisation with an expected admission of more than 7 (seven) days; • theft or loss of passport needed to return, a declaration certificate from the local authorities; • the Company will bear the hotel expenses (bed and breakfast) of the Insured and travelling companions, provided they are also insured. 	A maximum of 10 nights with a limit of € 1,000		
<p>l) transfer of convalescent Insured to his home. If the Insured following discharge from hospital is not able to return to his/her place of residence by the means initially planned, the Company will organise and take responsibility for the transfer expenses.</p>	YES	YES	YES
<p>The cover is also extended to family members and a travelling companion.</p>	€ 500	€ 750	€ 1,500
<p>m) MEDICAL CARE AFTER THE RETURN. If, during the 7 (seven) days after the return to Italy, the Insured, based on a medical certificate, needs to be taken care of in his home by specialised personnel (nurses or caretakers), he may request from the Operations Centre the identification and the sending of the necessary personnel. The Company will pay for this service.</p>	€ 600		
<p>n) REPATRIATION OF A BODY In the event of death of the insured during the trip, the Operations Centre will organise and carry out the repatriation of the body up to the burial site in Italy. Shipping will be done according to international standards and after fulfilling all formalities at the place of death. The Company wishes to bear the costs of transport, excluding costs related to the funeral, interment or cremation. The Company will bear the cost of the ticket, round-trip, of a family member to attend the place where the event occurred and the overnight costs of the first night at the closest hotel.</p>	YES	YES	YES
<p>o) EARLY RE-ENTRY If the Insured needs curtail his/her trip and return to his/her home in Italy prior to the scheduled date and with a means other than that originally planned, due to death or hospitalisation of a family member with prognosis of more than 7 days, the Operations Centre will arrange for the return and be responsible for the relative expenses thereof. The guarantee also applies to the return of a family member provided they are also insured.</p>	€ 550	€ 2,000	

<p>p) SENDING URGENT COMMUNICATIONS. If the Insured, during his trip, needs to make urgent communications to persons resident in Italy and he is unable to contact them directly, the Company shall bear the cost for sending such messages.</p>	YES	YES	YES
<p>q) ADVANCED AMOUNTS FOR THE PURCHASE OF ESSENTIAL GOODS ABROAD IN CASE OF THEFT, MUGGING, ROBBERY OR LOSS OF THE MEANS OF PAYMENT. If the insured has to bear, while travelling, unforeseen necessary expenses (hotel stay, car rental, travel tickets, restaurant, etc.) and is unable to do so directly and immediately due to theft, bag- snatching, mugging, robbery, theft or loss of their means of payment, the Operations Centre helpline may advance, direct payment to the supplier, the amounts shown on the corresponding tax document (invoice) within the established limit. The Insured must send a copy of the Declaration of the crime provided by the local authorities in situ. The guarantee will become effective at the time when, in Italy, the Operations Centre receives adequate bank refund guarantees. The Insured will have to make arrangements to repay, to the Company, the sums advanced within thirty (30) days of the payment of the same. This service is not available:</p> <ul style="list-style-type: none"> • • In countries where there are no branches or correspondents of the Company; • • when the Insured is not able to provide adequate bank guarantees of return of funds, or considered as such at the sole discretion of the Company; • • in cases where transfers of currency abroad infringe existing rules on foreign exchange in Italy or in the country where the Insured is. 	NO	€ 5,000	
<p>r) PROTECTION OF CREDIT CARDS; In the event of theft or loss of credit cards of the Insured, the Operations Centre by specific request, shall put the Insured in contact with the issuing Institutions to start the necessary procedures to block lost or stolen credit cards. The Insured is responsible for completing the blocking procedure in accordance with the individual card issuers.</p>	NO	YES	YES
<p>s) ADVANCE COSTS OF LEGAL REPRESENTATION. If the insured person is arrested or threatened with arrest and in need of legal assistance, the Operations Centre helpline will provide the Insured with a lawyer, in accordance with the local regulations, and advance the payment of the relevant fee. The Insured must report the reason for the request and the amount of the necessary sum. The guarantee will become effective at the time when, in Italy, the Operations Centre receives adequate bank refund guarantees. The Insured will have to make arrangements to repay, to the Company, the sums advanced within thirty (30) days of the payment of the same. This service is not available:</p> <ul style="list-style-type: none"> • in countries where there are no branches or correspondents of the Company; • • when the Insured is not able to provide adequate bank guarantees of return of funds, or considered as such at the sole discretion of the Company; • in cases where transfers of currency abroad infringe existing rules on foreign exchange in Italy or in the country where the Insured is. 	NO	€ 1,500	
<p>t) ADVANCED BAIL. If the Insured is found, while travelling, to be in detention, under arrest or threat of arrest and cannot provide directly to pay the bail fee, the Company may pay on the spot, as an advance on behalf of the Insured, the bail fee. The guarantee will become effective at the time when, in Italy, the Operations Centre receives adequate bank refund guarantees. The Insured will have to make arrangements to repay, to the Company, the sums advanced within thirty (30) days of the payment of the same. This service is not available:</p> <ul style="list-style-type: none"> • • In countries where there are no branches or correspondents of the Company; • • when the Insured is not able to provide adequate bank guarantees of return of funds, or considered as such at the sole discretion of the Company; • • in cases where transfers of currency abroad infringe existing rules on foreign exchange in Italy or in the country where the Insured is. 	NO	€ 5,000	
<p>u) PHONE COSTS. The Company will reimburse the telephone expenses documented and sustained by the Insured to contact the Operations Centre. The costs of 'international roaming' are also reimbursed, following the calls to the Operations Centre in the phases of assistance.</p>	NO	€ 300	

MEDICAL EXPENSES WHILE TRAVELLING <i>The indicated thresholds are understood to be for the Insured, claim and the insurance period, given the sub limits set out below.</i>	Destination	
	Zone 1	Zone 2 / Zone 3 / Zone 4
BY DIRECT PAYMENT – only if the Operations Centre has been contacted beforehand.		
a) If the insured incurs medical expenses / hospital care or urgent and unavoidable surgery which cannot be postponed, received in situ during the trip, during the period of validity of the guarantee, the Company shall bear the costs with direct payments made by the Operations Centre. The guarantee will be paid until the date of discharge or until such time as the Insured shall be deemed, in the opinion of the doctors of the Company, in a condition to be repatriated. Where the Company cannot make direct payment, the expenses will be reimbursed provided they have been authorised, in advance by the Operational Centre prior to the period of hospitalisation. No refund will be made without prior contact with the Operations Centre helpline.	€ 10,000	€ 100,000
A REFUND – Even without prior authorisation from the Operations Centre, within the sub-limits indicated.		
a) The Company will reimburse the cost of transport from the scene of the event to the medical centre emergency room or first admission.	€ 500	€ 2,500
b) The Company shall reimburse the expenses for medical and/or pharmaceutical visits pursuant to the medical prescription, diagnostic tests, ambulatory care and/or first admission (including a day hospital), incurred following an accident or illness occurred while travelling.	€ 250	€ 750
c) <u>Dental care</u> : The Company will reimburse the expenses for urgent dental treatment while travelling. <u>Treatment following an accident</u> : In the event of an accident occurring while travelling the Company will also reimburse the expenses for medical and diagnostic tests, provided they are performed within 30 days after the return from the trip.	NO	€ 250
d) The Company shall provide the refund of the expenses, including the physiotherapy, incurred following an accident or illness occurring while travelling and which resulted in a hospital admission. The guarantee covers, exclusively, the expenses incurred in the hospital or during the recovery period immediately following the admission and, in any case, prior to the return from the trip.	NO	€ 250

A.2 - Effective start date and operation of Assistance Service and Medical Expenses during travel

The guarantee runs from the time the trip begins and it ends at the end of the trip, however not later than the policy's end date.

The guarantee is given within the limits of capital and the assistance in situ where the event occurred, always included in the "destination" chosen in the policy.

A.3- Exclusions (In addition to common exclusions)

The assistance will not be provided in the following cases:

- if the Insured (or his/her representative) ignores the indications of the Operations Centre, i.e. where he/she requests to be discharged from the facility where admitted, against the advice of the doctors of the same facility; or if he/she refuses sanitary transportation or repatriation. In both cases, the Company will immediately suspend assistance and coverage of additional medical expenses accrued from the day following the refusal of transport / repatriation to Italy.
- a trip made towards an area where, at the time of departure, there is a ban or limitation (even temporary) issued by a competent public Authority;
- a trip made for the purpose of undergoing medical / surgical treatment;
- if the destination is to be or is declared to be under quarantine during the trip.

Additionally:

A.3.1-TRAVEL ASSISTANCE

The Company takes no responsibility for events resulting from:

- failure to contact the Operations Centre or otherwise, without prior authorisation;
- extreme trips in remote areas accessible only with the use of special rescue vehicles.

A.3.2- Medical Expenses while Travelling

The Company will not accept responsibility for expenses arising from:

- rehabilitation and physiotherapy services other than those referred to in the Medical Expenses in the Travel Section, point d);
- the purchase, application, maintenance and repair of prostheses and therapeutic devices;
- mental illness, schizophrenia, bipolar disorders, psychosis, major depression in the acute stage.
- treatment or removal of physical defects or congenital malformations, for aesthetic applications, for thermal and slimming treatments;
- abortion;
- practice of air sports and the aerial activities in general, extreme sports if done outside sports organisations and without the required safety criteria;
- any sport carried out professionally or which, however, leads to direct or indirect remuneration;
- purchase and repair of glasses, contact lenses;
- follow-up visits in Italy for situations resulting from illnesses which started while travelling.

The guarantee also does not apply to accidents caused by or due to:

- natural delivery or caesarean section;
- morbidity due to pregnancy beyond the 26th week of pregnancy and childbirth;
- malice of the insured;
- abuse of alcohol or drugs and the use of narcotics and hallucinogens;
- attempted suicide or suicide.

A.4 – Provisions and limitations.

The Insured releases the doctors who examined him and the people involved by the policy conditions from professional confidentiality, exclusively for the events covered by this insurance and exclusively to the Company.

Additionally:

A.4.1-TRAVEL ASSISTANCE

- a) The assistance services are supplied per event, regardless of the number of policyholders involved, within the limits and any sub limits of the insured capital;
- b) the provision of assistance, in accordance with the specific operating conditions, are carried out in consideration of the state of health and the state of necessity, using the means and facilities that the Company believes, in its sole discretion, are more appropriate for the purpose;
- c) the Company may not be held responsible for:
 - delays or impediments in the services agreed resulting from Acts of God, according to the provisions of the local authorities or contrary to rules and regulations applicable at the place of payment of benefits;
 - errors arising from inexact communications received by the Insured or on his/her behalf;
- d) the Company is not required to pay an indemnity to replace the guarantees of assistance due.

B. BAGGAGE

B.1 - Territoriality: Pre-chosen destination identified in the policy.

B.2 – Purpose of the Insurance:

BAGGAGE <i>The maximum amounts mentioned above are per Insured and per accident</i>	Maximum	Limit of indemnity (sub-maximum)
THEFT, MUGGING, ROBBERY, FIRE, NON-DELIVERY OF BAGGAGE. The company indemnifies the Insured for the material and direct damages to him arising from the theft, fire, robbery, mugging and failure of the air carrier to return the personal baggage. The guarantee is valid also for travel bags, suitcases, pushchairs and prams. The warranty is only valid for the objects inside the baggage.	€ 1,500	The guarantee only covers one occurrence of damage during the term of the policy. The Company will pay the indemnification with the maximum compensation: <ul style="list-style-type: none">▪ € 150 per object;▪ all the cinema-photo-optical materials are considered a single object The maximum and the sub-maximum amounts provided shall be reduced by 50% in cases of: <ul style="list-style-type: none">▪ forgetfulness, carelessness, negligence or loss by the Insured;▪ lack of appropriate documentation supporting the value of the asset to be compensated.
DELAYED DELIVERY OF BAGGAGE. Following a delay (of its scheduled time of arrival) in the delivery of the baggage, the Company shall reimburse, within the limits of the capital insured purchases of essential items (clothing and personal toiletries items).	€ 200	The guarantee only covers one occurrence of damage during the term of the policy. The Company will not reimburse expenses: <ul style="list-style-type: none">▪ for late delivery of baggage on the flight back to the habitual residence of the Insured;▪ incurred after the date of receipt.

B.3 – Indemnity criteria and limits

The Company indemnifies the Insured within the limits of the maximum sum according to the place of occurrence of the insured event.-

B.4 - Exclusions (in addition to the common exclusions)

The following are excluded from the insurance: computers, mobile phones, media players, sunglasses, televisions, battery chargers, money, precious stones, cheques, stamps, tickets and travel documents, jewellery, precious watches, coins, 'objects d'art', collections, samples, catalogues, goods, food, perishables.

The Company does not indemnify damage:

- facilitated by intent or gross negligence by the Insured or persons of which must respond;
- arising or attributable to breakage and damages;
- occurred when:

- The baggage has not been stowed in the boot of the properly locked vehicle;
- The vehicle is parked, at night, between the hours of 20.00 and 07.00, in a public garage for a fee;
- The theft took place without breaking into the boot of the vehicle;
- The baggage is carried in motor vehicles even when stowed in locked boot;

d) occurred during a stay on a camping site.

e) for which a certified copy of the complaint endorsed by the Authority of the place where the Event occurred, containing a detailed list of the stolen and/or destroyed objects, is not submitted.

The following are also excluded:

f) photo-cine-optical equipment entrusted to third parties (hoteliers, carriers etc.).

B.5 – Start date and operation

The guarantee for the "Theft, mugging, robbery, fire, non-delivery of baggage" runs from the time the trip begins and it ends at the end of the trip, however not later than the policy's end date.

The "Delayed baggage" guarantee is operational from the point of first boarding the aircraft (check-in) and it ends before the last check-in

B.6 – Provisions and limitations.

The company decides the compensation:

b) according to the market value of the items stolen at the time of the occurrence of the event. In the event of apparel purchased during the trip, the refund will be the purchase value, provided it is substantiated by appropriate documentation.

b) in all the cases where the Insured is unable to provide appropriate documentation supporting the value of the asset to be compensated, the maximum and the sub-maximum amounts will be reduced by 50%.

C. THIRD PARTY LIABILITY - TPL

C.1 - Territoriality: Pre-chosen destination identified in the policy.

C.2 – Purpose of the Insurance

THIRD PARTY LIABILITY The maximum amounts mentioned above are per Insured, event and insurance period	Maximum For damages to persons, objects and animals	Deductible
<p>THIRD PARTY LIABILITY - TPL The Company is responsible for the sums which the insured is obliged to pay, as the latter is civilly liable in accordance with the law, as compensation (capital, interest and expenses) for damages involuntarily caused to third parties for death, personal injury and damage to property and animals as a result of an accidental incident that occurred during the period of insurance in relation to issues of a private life matter, , with the exclusion of all liability to the professional activity. The guarantee also includes collateral damage:</p> <ul style="list-style-type: none"> ▪ caused by pets; ▪ caused by the ownership and use of cycles, non-motorised vehicles and boats no longer than 6.5 meters, golf cars; ▪ caused by the use of horses and other animals with saddles with the consent of the owner; ▪ caused by playing sports, including races, not exercised at the pro level, leisure activities and camping. 	<p>€ 100,000</p>	<p>With respect to the damage to property and animals, the insurance covers a deductible of € 150 per claim.</p>

C.3 - In case of accident

The Insured or his agent must:

- a) notify
 - the Company as stipulated in the policy. The failure to comply with this requirement may result in the total or partial loss of the right to compensation (article 1915 Civil Code);
 - to all the insurers, in case of stipulation of more policies for the same risk, specifying their names (Article 1910 Civil Code);
- b) make available to the Company all the documentation useful for investigations and checks.

C.4 - Exclusions

The following damages are excluded from the insurance resulting from:

- a) malicious acts committed or attempted by the insured;
- b) the exercise of professional activities;
- c) hunting activities;
- d) theft;
- e) the circulation on public roads or equivalent areas by using motor vehicles, and by navigating on motor boats and using aircraft;
- f) the possession of weapons and their ammunition and from using them;
- g) caused to the property of third parties that the Insured party has taken delivery of and/or has in safekeeping, in any way.

C. 5- Management of the Third Party Liability event

The Company, as long as it has an interest, will manage disputes both in and out of court, both civil and criminal, on behalf of the Insured Party, designating, where necessary, lawyers or technicians, and availing itself of all the rights and actions to which the Insured Party is entitled. The Insured is obliged to co-operate in order to enable the management of these disputes and to appear in person if the procedure so requires. The company is entitled to claim against the Insured the prejudice created through the breach of such obligations. The costs incurred to resist the action of the damaged party against the insured are paid by the Company within the limits of a quarter of the insured amount. However, in case it is damaged due to an excessive insured amount, the procedural costs are distributed between the company and the insured in proportion to their respective interests.

The Company disclaims any expenses incurred by the Contracting Party for legal or technical expertise that is not designated by it, and is not liable for fines or trial expenses.

D. TRAVEL ACCIDENTS

D.1 - Territoriality: Pre-chosen destination identified in the policy.

D.2 - Purpose of the insurance:

TRAVEL ACCIDENTS <i>The indicated thresholds are understood to be for the Insured, claim and the insurance period, given the sub limits set out below.</i>	Maximum	Deductible
Case of death or permanent disability The Company provides the accident insurance (not plane accidents) suffered by the insured during the travel period, and communicated to the Company, and which, within two years from the day on which they occurred; have as a direct result resulted in death or permanent disability. The company considers accidents as the following: <ul style="list-style-type: none">▪ suffocation without morbid origin;▪ acute poisoning by ingestion or by absorption of substances;▪ drowning;▪ frostbite or freezing;▪ sunburn or heat stroke.	€ 100,000	Compensation for permanent disability is due solely in the case where the degree of permanent disability is greater than 5 percentage points of the total; in this case, the allowance will be settled only by the percentage of permanent disability in excess of 5 percentage points.

D.3 - Effective start date and operation

The guarantee runs from the time the trip begins and it ends at the end of the trip, however not later than the policy's end date.

D.4 - Exclusions (in addition to the common exclusions)

The company does not pay compensation for injuries resulting directly or indirectly from:

- a) the performance of each professional or paid activity, however and wherever explained;
- b) driving vehicles for which a driving licence of category B is prescribed and motor boats for non-private use;
- c) the use, even if temporary, of aircrafts (including gliders and ultra-light aircrafts);
- d) surgical operations, investigations or medical treatment not resulting from injury;
- e) a suicide attempt or suicide;
- f) the participation, even as a passenger, to sport competitions and related tests with or without the use of motor vehicles unless the same have recreational character;
- g) acts of recklessness and practice of air sports and air generally, speleology, ski jumps with skis or water-skis, acrobatic skiing, mountaineering, free climbing, rafting, bungee jumping, as well as any sport exercised professionally or that involves both direct and indirect remuneration;
- h) drunkenness, abuse of psychoactive drugs, use of drugs, or hallucinogens;
- i) the acquired immune deficiency syndrome (AIDS);
- j) hernias, except for the abdominal effort hernia;
- k) heart attacks generated by any cause.

D.5 - Compensation criteria

The company pays:

- a) the compensation for death or permanent disability even if they occur after the expiry of the insurance, but within two years from the day of the accident. It is understood that the event must be reported to the company at the time of the occurrence;
- b) compensation for the direct, exclusive and objectively evident consequences of the injury, that are independent of the pre-existing pathological or physical conditions or the ones occurred with respect to the accident;
- c) the amount of damages agreed directly with the Insured or person designated by the investigator. In the event of disagreement either Party may propose that the matter be settled by one or more arbitrators, to be appointed by a special act;
- d) in the case of death, the insured amount to the heirs. The compensation may not be combined with that for permanent disability. If after the payment of the compensation for permanent disability, the insured person dies as a result of the same accident, the company pays to the beneficiaries only the difference between the indemnity for death -and that already paid for permanent disability whichever is higher;
- e) in the case of permanent disability equal to 100% of the maximum amount for such guarantee;
- f) In the case of permanent disability, the compensation is calculated against the insured amount in proportion to the degree of permanent disability which must be ensured in accordance with the criteria and the percentages provided by INAIL Table, referred to in the Presidential Decree of 30 June 1965 no. 1124, amended.

D.6 - Persons for whom the travel guarantee is invalid

This travel accident insurance is not valid for the insured persons who have already reached 75 years of age.

E. FLIGHT ACCIDENTS

E.1 - Territoriality: Pre-chosen destination identified in the policy.

E.2. - Purpose of the insurance:

FLIGHT ACCIDENTS <i>The indicated thresholds are understood to be for the Insured, claim and the insurance period, given the sub limits set out below.</i>	Maximum	Deductible
Case of death or permanent disability The company shall provide, from the moment when the Insured boards an aircraft until the moment when he/she disembarks, insurance for the injuries that they suffer as a passenger of scheduled and charter flights (excluding private planes), and that within two years from the day on which they occurred, have as a direct result incur death or permanent disability. The company considers accidents the following: <ul style="list-style-type: none">▪ suffocation without morbid origin;▪ acute poisoning by ingestion or by absorption of substances;▪ drowning;▪ frostbite or freezing;▪ sunburn or heat strokes.	€ 100,000	Compensation for permanent disability is due solely in the case where the degree of permanent disability is greater than 5 percentage points of the total; in this case, the allowance will be settled only by the percentage of permanent disability in excess of 5 percentage points.

E.3 - Effective start date and operation of Assistance-

The guarantee, for the period identified in the policy, works from the moment when the insured boards an aircraft and ends at the moment when he/she disembarks.

E.4 - Exclusions

The company does not pay the compensation for the following injuries:

- a) occurring in any air vehicle that is not considered aircraft in accordance with the law, such as the equipment for sports or leisure flying (hang gliders, ultralights, autogyros, paragliding, etc.);
- b) occurring on an aircraft other than those used for public transport of passengers, as well as the aircraft owned, affiliated or used by flying clubs;
- c) occurring on aircraft operating in violation of the provisions of the law, regulations, operating rules or of airworthiness and aircraft whose crew does not hold the required licence or valid qualifications, when the violation or irregularities are known by the Insured or they are knowable according to the usual diligence;
- d) occurred during trial flights or competition flights of all kinds and the related preparatory tests;
- e) attributable in whole or in part to the severe negligence of the Insured.

The following are also excluded from any compensation, services, consequences and / or event arising directly or indirectly from:

- f) hernias, except for the abdominal effort hernia;
- g) heart attacks generated by any cause.

E.3 - Compensation criteria

The company pays:

- a) compensation for death or permanent disability even if they occur after the expiry of the insurance, but within two years from the day of the accident. It is understood that the event must be reported to the company at the time of the occurrence;
- b) compensation for the direct, exclusive and objectively evident consequences of the injury, that are independent of the pre-existing pathological or physical conditions or the ones occurred with respect to the accident;
- c) the amount of damages agreed directly with the Insured or person designated by the investigator. In the event of disagreement either Party may propose that the matter be settled by one or more arbitrators, to be appointed by a special act;
- d) in the case of death, the insured amount to the heirs. The compensation may not be combined with that for permanent disability. If after the payment of the compensation for permanent disability, the insured person dies as a result of the same accident, the company pays to the beneficiaries only the difference between the indemnity for death -and that already paid for permanent disability whichever is higher;
- e) in the case of permanent disability equal to 100% of the maximum amount for such guarantee;
- f) In the case of permanent disability, the compensation is calculated against the insured amount in proportion to the degree of permanent disability which must be insured in accordance with the criteria and the percentages provided by INAIL Table, referred to in the Presidential Decree of 30 June 1965 no. 1124, amended.

F. LEGAL PROTECTION

Special definitions

Travel: the journey resulting from the relative contract or travel document including at least one night in Italy and 2 nights abroad.

F.1 – Territorial extension

In case of seeking compensation for damages from unlawful acts of third parties as well as for criminal defence in proceedings for intentional crimes, the insurance extends to the Insurance cases that arise around the world.

However, the coverage of this Policy excludes the extra-judicial expenses and legal assistance for violations of the law or breaching of rights that occurred in countries or regions where acts of war or revolution take place.

F.2 - Purpose of the insurance

The Company, for the management and the settlement of the events incurred in the context of privacy, except as already regulated by Art. "Operation of the policy", under the conditions indicated below and within the ceiling specified in the policy, valid per claim and per insurance year, ensures the Legal Protection, including the related non-recurring expenses of the other party, necessary for the defence of the Insured's interests in and outside court, in the cases indicated in the policy.

LEGAL PROTECTION	Maximum the amount stated is per Event and per insurance Period	Sub-maximum
<p>This item includes the following:</p> <ul style="list-style-type: none">– the expenses for the intervention of the legal person in charge with the management of the claim;– the costs of the mediation established by the Law;– any legal expenses of the counter party, in case of a transaction authorised by the Company– the costs of the intervention of the Technical Consultant, the Party-Appointed Expert and experts in general, provided they agreed with the Company;– the trial costs in criminal proceedings under Article 535 of the Criminal Procedure Code;– the Unified contribution for the costs of judicial acts, if repeated by the other party in the event of an unfavourable outcome;– the expenses related to the enforcement only for the first two attempts experienced by the Insured;– the investigation expenses for the research and the acquisition of exculpatory evidence;– expenses for the investigation aimed at seeking exculpatory evidence and justification of the Insured;– It is guaranteed the intervention of a single legal representative for every court within the territorial jurisdiction pursuant to Art. "Free choice of law".	<p>€2.500</p>	<p>Expenses for a second process agent only in judicial phase up to € 2,500.00. Recognised only when the Court of Appeal where the legal proceedings take place is different from that of the residence of the Insured; charges related to the recording of judicial documents up to € 500.00.</p>

F.3 - Guaranteed performance

The costs eligible for compensation provided for in this contract are valid **strictly** for the following cases:

1. The action in civil court (or the possible bringing of a civil action in the criminal proceedings) for contractual disputes with a counterparty such as transport companies or hotel facilities.
2. The action in the civil court (or the possible bringing of a civil action in the criminal proceedings) to obtain the compensation for **damage arising from road accidents** in which the insured persons have been involved as pedestrians or as a cyclists or drivers of rental cars equipped with TPL coverage; or finally as passengers of any motor vehicle or vessel;
3. the defence in a criminal court in **proceedings for intentional crimes** related to damage caused to third parties. The guarantee is also valid before the official drafting of the crime report.

F.4 – Exclusions

The Legal Protection insurance guarantee does not recognise the costs incurred by the Insured for:

- 1) the payment of fines, penalties and sanctions in general;
- 2) the tax burden (stamping of documents and records, registration fees of sentences and acts in general, etc.);
- 3) the expenses for disputes arising from the Insured's Contractor or Insured intentional facts;
- 4) the charges for administrative, fiscal and tax disputes;
- 5) the compensated costs for the civil parties made against the Insured in the criminal proceedings, pursuant to Article No. 541 Criminal Code;
- 6) expenses related to non-registered professionals in the relevant professional register where prescribed by law;
- 7) the payment of expenses connected with the execution of the custodial sentences and the custody of things;
- 8) the enforcement operations over two negative outcomes.

The guarantee is not valid for disputes:

- 9) resulting from the movement of vessels subject to compulsory insurance as well as of aircraft owned, leased or conducted by the insured;

- 10) of a contractual nature (such as lease or sale agreements), also against AXA Assistance and AXA Group, except as provided in art. "Guaranteed Benefits;
- 11) relating to events of pollution in the environment, unless it is determined by an accidental fact;
- 12) related to events caused by explosion, emanation of heat, radiation from the atomic nucleus transmutation, radiation caused by the artificial acceleration of the atomic particles;
- 13) for which it is conceivable the professional liability of its legal representative;
- 14) resulting from civil commotion, civil war, terrorism, riots, vandalism, natural disasters (e.g. earthquake, tidal wave, tsunami), strikes and lock-outs;
- 15) relating to family law and inheritance and donations law;
- 16) relating to patent, trademark, copyright, unfair competition, relations between shareholders and directors and disputes arising from the agency agreement;
- 17) amounting to less than € 250.00
- 18) deriving from disputes for debt recovery;
- 19) for disputes concerning contracts and/or subcontracts;
- 20) for property sale and purchase agreements;
- 21) arising from contractual disputes with the company and/or with the Tour Operator/Agency;
- 22) not expressly mentioned among the items of art. "Guaranteed Benefits".
- 23) relating to offences of child pornography or of pornographic nature;
- 24) relating to acts committed while drunk or under the influence of psychoactive drugs and resulting from the use of narcotics and hallucinogens.

F.5 – Insured persons

The Insured mentioned in the policy.

F. 6 – Guarantee operation

The guarantee is provided for disputes that arise during the period of validity of the contract and generated by operative events also occurred during the period of validity of the insurance as follows:

a) after 24.00 hrs. of the day of commencement of the insurance in case of non-contractual liability or for criminal proceedings.

For the purposes of the preceding paragraph, the facts which generated the dispute are deemed occurred in the initial stage of the policy breach or non-performance; where the fact giving rise to the event continues with additional events, the event itself is deemed occurred at the time when the first act was established.

The disputes brought by or against several persons which relate to identical or related questions, are considered in all respects only one event.

In the case of charges against more people insured, and due to the same fact, the event is considered unique in all respects.

If one or more of Legal Protection Insurances on the same risk exist and they are covered by this Agreement, the guarantee provided by the latter operates after the exhaustion of the amount due from other insurance.

F.7- Obligations of the Insured - Accident reporting

In case of an event, the Insured will:

- notify immediately, and no later than 3 days to the Company all the casualties at the time of occurrence and/or when it becomes aware of them. In any case AXA Assistance must be aware about any new act notified to him within three days from the date of the notification and not later than 24 months from the date of occurrence of the dispute.
- In any case he has to send the complaint and any subsequent act notified to him within three days from the date of notification.
- Otherwise, the Insured will be liable for any additional damages that the delay in the complaint may generate.

The complaint of the case must be complete, true and accompanied by appropriate documentation including any form of evidence available and necessary to allow the Company to protect the interests of the Insured

By way of example, the following will have to be provided:

- the identity and contact details of the counter party;
- the details of the dispute with details of the claims/objections and/or of the counter party and the time references of the situation;
- copies of the correspondence between the parties;
- copies of the relevant documents (contracts, invoices, receipts, records, certificates, photographs etc.);
- witness statements accompanied by a copy of the witness's identity document;
- copy of the guarantee information or any other act notified to the Insured.
- Failing this, the Company may not be held liable for any delays in the assessment of the insurance coverage or the case management, as well as any prescriptions or forfeitures which may occur.

F.8 - Free choice of the lawyer

If the case results in the need to establish a judicial proceeding, the Insured must choose a lawyer to which he will entrust the protection of his interests, residing in the same place as the headquarters of the competent Judicial Office for the dispute, notifying IPA about his name, together with the report on the event.

If the Insured does not give such indication, the Company may appoint a lawyer directly.

Where the intervention of a second lawyer is deemed necessary, the Company provides to the mandated lawyer the name of the process agent and he recognises the relative costs for the service.

The insured is not allowed to appoint the lawyer by himself, or the technical advisor, without having received prior permission from the IPA, under penalty of exclusion of the compensation right.

F.9 - Provision of evidence and documents required for the provision of the insurance cover

If the Insured requires the insurance coverage he must:

- a) immediately, fully and truthfully inform IPA about the details of the accident, as well as indicate the evidence and documents and, on request, make them available;
- b) mandate the lawyer in charge of the protection of his interests, subject to the approval received from the IPA, as well as inform him fully and truthfully about all the facts, indicate the evidence, provide all possible information and procure the necessary documents.

F.10 - Management of the event

Having received the report on the event, IPA will assess whether the situation to achieve an amicable settlement of the dispute exists. Where possible, manage/settle the dispute out of court regarding the dispute is reserved to IPA that will use, if necessary, the lawyers of their choice.

If the Insured has already given instructions to the lawyers/experts for the management of the out-of-court phase, the costs incurred will be charged to him.

In case the amicable settlement is not successful, or in cases where it is not possible to experience it, if the Insured's claims prove to be legitimate, the case shall be sent to the lawyer chosen in terms of Art. "Obligations of the Insured - the Accident report" and Art. "Free choice of the lawyer."

The insurance guarantee is also paid for each higher degree of process, both civil and criminal, only if the appeal has chances of success. IPA is not responsible for the work of lawyers, technical advisors of the witnesses and experts in general.

The Insured may not possibly establish, directly with the other party, any settlement of the dispute, both out of court and judicial, without the prior approval of the IPA, otherwise he will not receive the reimbursement of the legal and expert costs incurred by him, except as provided by the paragraph below.

In case of conflict of interest or disagreement on the handling of claims between the Insured and the Company, without the Insured's right to judicial proceedings, freely choosing his own lawyer, with no legal fees, the decision can be left as an alternative to a referee who decides on an equitable basis, appointed upon the agreement of the Parties or, failing such agreement, by the President of the competent Court in accordance with the Civil Procedure Code. Each Party contributes with half of the arbitration costs, whatever the outcome of the arbitration.

IPA warns the Insured of its right to make use of this procedure.

F.11 - Recovery of sums

The Insured is entitled to obtain the full compensation and in general the amounts recovered or otherwise paid by the other party under the title of capital and interest.

Instead, the Company, which has borne or anticipated the fees and expenses paid for the trial or agreed amicably and/or out of court, is entitled to all of them.

G. BACK HOME (OPTIONAL WARRANTY)

THIS WARRANTY IS VALID AND OPERATING ONLY IF IT HAS BEEN RECALLED ON THE INSURANCE CERTIFICATE AND THE RELEVANT PREMIUM HAS BEEN PAID.

The Back Home Guarantee is a paid integration of the Travel Assistance section and therefore, the same exclusions and disbursement arrangements as in the Travel Assistance policy section, where applicable, apply.

If the Insured is unable to continue the trip according to the itinerary initially planned due to:

- natural disasters (tornadoes, hurricanes, earthquakes, volcanic eruptions, floods, floods, nuclear explosions and other upheavals of nature);
- a new epidemic or pandemic or a worsening of an existing epidemic or pandemic which results in restrictive measures being taken by any governmental body in order to reduce the risk transmission to the civilian population

The Operations Center organizes:

- moving to another accommodation or
- coming back home to the insured residence in Italy

Limit: € 1,500.00 per insured and € 5,000 per policy

3 - IN CASE OF A REQUEST FOR ASSISTANCE or BACK HOME

The Insured, or someone acting on his behalf, must immediately contact the Operations Centre, providing personal data of the Insured, the policy number and the type of intervention required, indicating, in addition, for:

■ Assistance and Medical Expenses during Travelling resulting in hospitalisation

- temporary telephone number;
- Hospital details (*Name and telephone number, ward where admitted, name of the doctor who took care of the patient*);
- address of any family members / travelling with the Insured.

4 - IN CASE OF A REFUND REQUEST

For each refund request, the Insured or the person acting on his behalf, must report the accident to the Company within 30 days after his return or, for the Travel Cancellation guarantee, within 5 days from the date of the event, providing the Company, regardless of the way in which the complaint was made (i.e. in writing or on the website), with the set of documents relevant to the management of the claim, and in particular:

- policy number;
- receipt of payment of the trip with the route;
- personal details and tax code of the recipient of the payment, pursuant to Law n. 248 of 4 August 2006;
- name and address of the Bank, IBAN, SWIFT code in the case of a foreign bank account;
- name of account holder if different from the owner of the file;
- place, date and time of the event and the circumstances and the causes that have determined it.

It is necessary also to provide:

■ Refund of medical expenses:

- medical records written on site (medical records, minutes of first aid, medical certificate stating the diagnosis) and related original receipts of incurred medical expenses.

■ Theft, mugging, robbery, burning of baggage:

- The complaint, in original copy, submitted to the competent authorities of the place where the event occurred, with a detailed list of the stolen or burned items, and documentation certifying their value;
- in the case of theft, also the copy of the complaint sent to the hotel manager or the carrier who was entrusted with the baggage;

■ Late or non-delivery of baggage by the airline carrier

- copy of the PIR report (Property Irregularity Report);
- copy of the air ticket and baggage ticket;
- the airline reply stating the date and time of the delayed delivery or failure to find the baggage, and the amount paid under its jurisdiction;
- detailed list of the not returned or removed objects and documentation demonstrating their value at the time of the event, also the brand, model, approximate date of purchase;
- receipts for the purchase of essential goods, in original condition, with detailed list of purchases;
- a copy of the payment receipt attesting the hiring of buggies or pushchairs.

■ Third Party Liability - TPL

- written request of the other party with the quantification of the damage.
- any possible testimonials.

■ Travel accidents:

- place, date and time of the event;
- medical certificates attesting the injury;
- thereafter and until healing has occurred, the medical certificates on the evolution of injuries, in original copy.

N.B.: Also, if the accident caused the death of the Insured or when death occurs during the treatment period, the Company must be notified immediately by submitting the death certificate.

■ **Flight accidents:**

- place, date and time of the event;
- official documentation confirming the presence of the Insured on the aircraft;
- medical certificates attesting the injury;
- thereafter and until healing has occurred, the medical certificates on the evolution of injuries, in original copy.

■ **Legal protection**

- written notification submitted to the competent authority of the place indicating the circumstances of the event, the approximate amount of the damage, specifying any insurance for the same risk, other than the one concluded with the Company.
- a list of damages with respect to the quality, quantity, value, make and model of the lost or damaged objects, making available the records, accounts, invoices, proof of ownership or other documents which may be required by the company or by the experts for the purposes of their investigations and audits.
- the titles of the trip or stay showing the start and end dates of the trip/stay;
- evidence of forced entry, photographs and repair bills generated by the burglary.
- The documentation listed under the Legal Protection section - "Obligations of the insured and notification of the event".

5 - IMPORTANT REFERENCES

ASSISTANCE AND MEDICAL EXPENSES WHILE TRAVELLING

OPERATIONS CENTRE 24/7
Phone + 39 06 42115820

REFUND REQUESTS

The events must be reported as follows:

The Insured shall notify the claim via the website <https://trade.axa-assistance.it>, enter "Denuncia sinistro" and follow the instructions at "Istruzioni per la denuncia".

Alternatively, the Insured can download the claim notification form at "Modulo di denuncia" from the site <https://trade.axa-assistance.it> and send it together with all the useful documentation to:

Inter Partner Assistance S.A. - Travel - Ufficio Sinistri
Casella Postale 20175
Via Eroi di Cefalonia
00128 Spinaceto – Roma