

Effective date: 1 August 2023

I. THE PERSONS INVOLVED IN THE CONTRACT

1. Insurer:

Name: Alfa Vienna Insurance Group Biztosító Zrt.

The Company is registered by the Court of Registration of the Budapest Metropolitan Court under No. 01-10-0401365.

Tax number: 10389395-4-44

The company's registered office: Üllői út 1, H-1091 Budapest, Hungary

2. Assistance provider: SOS Assistance Hungary Kft, the organisation commissioned by the Insurer in the framework of an activity outsourced by the Insurer, proceeding for and on behalf of the Insurer (Szentendrei út 301, H-1039 Budapest, Hungary, Cg.: 01-09-703420).

3. Contracting Party the natural person over 18 years of age, or economic operator, who or that has made a proposal for the conclusion of the insurance contract and who or that pays the insurance premium. The Contracting Person may only be a person with permanent residence or permanent establishment located in Hungary.

4. Insured Person: the natural person named by the Contracting Party for whom the Insurer provides services in relation to an insured event that has occurred while travelling. One insurance contract may cover multiple Insured Persons. The Insured Person(s) may not be changed after the risk inception date.

4.1. A person 90 years – or in the case of an annual pass, 70 years – or older before the day of the commencement of the trip may not be an Insured Person. For travelling to the United States and Canada, a person may not be insured for more than 30 days if they have reached the age of 70 before the day you start travelling.

4.2. To be covered by this insurance as an Insured Person one must have a registered permanent address of residence in Hungary or a valid residence permit for Hungary and general health insurance coverage which is valid in the territory of Hungary.

4.2.1. Those can also be insured who live in a country bordering Hungary, have a permanent residence in that country and have valid compulsory health insurance.

4.3. Persons on duty abroad for more than one year on a permanent basis, persons employed abroad and their family members staying abroad with them may not be Insured Persons.

4.3.1. Persons working abroad may not be insured, except for those engaged in non-physically demanding intellectual activities.

4.3.2. It is possible to depart from points 4.3 and 4.3.1 only upon the prior consent of the Insurer.

4.4. Habitual residents of foreign countries – except for students studying abroad – or persons who are nationals of the country where the harmful event occurred cannot be Insured Persons.

5. Beneficiary: pursuant to the terms and conditions set out herein the Beneficiary him/herself is the beneficiary in regard to all of the insurance services to be provided during the life of the Beneficiary. In case of the death of the Insured the Insured's heir shall be entitled to the accident insurance services.

II. DEFINITION OF TERMS USED IN THE CONTRACT

1. Journey: the trip taken by the Insured Person to the area outside his or her country of permanent residence, including the trip to, the stay in, and the trip back from, such area to the Insured Person's country of permanent residence.

2. Country of permanent residence: the country in which the Insured Person's official and registered permanent residence is..

3. European Health Insurance Card (hereinafter: EHIC card):

The persons entitled to health services in Hungary, who have their permanent addresses of residence in Hungary or in any other country of the European Economic Area (EEA), may use certain – medically justified – health services in another member state or signatory country with financing by the Hungarian health insurance system. Entitlement to such services can be certified with the European Health Insurance Card.

4. Close relative: the spouse, direct line relatives, adopted, step and foster children, adoptive, step and foster parent and siblings.

5. Relative: close relatives, the common-law spouse, spouses of direct line relatives, direct line relatives or siblings of the spouse, spouses of siblings.

6. Sports activity: physical exercise under specific rules, or physical exercise performed informally as a way of spending one's spare time or physical exercise in an organised form, or intellectual sports activity, aimed at maintaining and/or improving one's physical condition and intellectual capacity.

7. Personal data: data relating to the data subject, in particular by reference to the name and identification number of the data subject or one or more factors specific to his/her physical, physiological, mental, economic, cultural or social identity as well as conclusions drawn from the data in regard to the data subject;

8. Passenger motor vehicle: passenger motor vehicle is a motor vehicle used by the Insured Person for the purposes of his or her journey, that passed the official tests as a passenger motor vehicle according to its valid vehicle licence, of a total weight not exceeding 3.5 tonnes, with valid documents licensing it for use in public road transport.

9. Motorcycle: a motorcycle is a two- or three-wheel motor vehicle of a maximum design speed of over 45 km/h used by the Insured Person for the purposes of his or her journey, that passed the official tests as a passenger motorcycle according to its valid vehicle licence, with valid documents licensing it for use in public road transport.

10. Winter sports activity: physical exercise performed under winter weather conditions, on snow or ice, as a way of spending one's spare time or in an organised form but **not as a competitive sports activity**, aimed at maintaining and/or improving one's physical condition and intellectual capacity, **not prohibited by general or local regulations.**

The following shall, in particular, be regarded as winter sports activities:

- skiing, including alpine skiing of various styles, ski running, ski hiking;
- snow-boarding;
- sleighing;
- ice-skating;
- ice-sailing;
- chair-skating.

11. Winter sports equipment: equipment, clothing and protective equipment used in and necessary for winter sports activities (skis, snow-boards, the required boots, ski poles, ski suits, ski goggles, helmet). Equipment and devices used for recording the activities and equipment used for communication – including, in particular, photo and video cameras, data carrier media, mobile phones – shall not qualify as winter sports equipment.

12. Scuba diving: a person with a valid diver qualification dives under water during his or her spare time, to carry out underwater activities for recreation purposes. The term scuba diving shall also mean diving carried out in order to obtain diver qualification during diver training.

13. Scuba diving equipment: only the following shall qualify as diving equipment for the purposes of this insurance contract: breathing apparatus, equilibration volume, diving computer and its accessories.

14. Cycling: recreational activity on a bicycle wearing a helmet and riding on a designated route for traffic.

15. Bicycle: for the purposes of these terms and conditions, a bicycle is defined as a vehicle having at least two wheels and propelled solely by human power. Bicycles for professional use (bicycles used for competition, activities related to a profession) are not covered.

16. Fishing: The catching of fish in water in a permitted manner for recreational purposes.

17. Fishing gear: all the equipment and accessories suitable and authorised for the recreational catching of fish in water in a permitted manner. For the purposes of the insurance, the Insurer understands fishing gear to mean the following specifically identified equipment:

- fishing rod;
- fishing reel;

- fishing chair and fishing bed;
- fishing radar;
- feeding boat;
- other equipment exceeding an individual value of HUF 10,000.

18. Specifically identified technical articles: photo camera, film camera, tablet, portable computer, navigation equipment, mobile phone.

19. Annual pass: The insured person under a yearly pass may be a person below 70 years of age at the time of the start of risk coverage, whose stay abroad does not exceed 30 days from time to time.

20. Annual student pass: The insured person under an annual student pass may be a person who is under 30 years of age at the time of the conclusion of the contract, staying abroad for a scholarship programme or official language course and whose occasional stay abroad does not exceed 180 days.

21. Natural disaster: a natural disaster that endangers or damages human life, health, material assets, basic services of the population, the natural environment, natural values in such a way or to such an extent that the prevention of damage or the repair or elimination of the consequences exceeds the possibilities of the organisations assigned to protect them and requires the introduction of special measures, the continuous and strictly coordinated cooperation of local authorities and public bodies, and the mobilisation of international assistance.

22. Pets: healthy dogs (*Canis familiaris*) or cats (*Felis silvestris catus*) owned or kept by the Insured and having the vaccinations laid down in the veterinary rules in force, provided that they are over 6 months old at the time of commencement of the journey. Only pets travelling abroad holding the appropriate official permits are covered when purchasing a Gold and Platinum package.

III. THE TYPE OF THE CONTRACT

Consumer contract, non-life insurance, other damage to property branch.

IV. PREMIUM PAYMENT

1. The premium under the contract shall be paid in a single sum, upon the conclusion of the contract, in a way agreed with the Insurer, by bank transfer in lack of an agreement.
2. The insurance premium shall be refunded if the insurance contract is concluded by a person or for a person who is not eligible to insurance under the terms and conditions of the insurance product and the Insurer shall reject the claim damages by referring to these reasons.
3. The algorithm applied in the calculation of premium discounts and surcharges: multipliers shall be formed of the percentage rates and then the annual premium or the premium corresponding to the number of days insured shall be multiplied by such multipliers.

V. CONCLUSION AND TERMINATION OF THE CONTRACT

1. The insurance contract is executed on the day of the receipt of the insurance proposal by the insurer or its representative, on a day following the deadline available for risk assessment, with retroactive effect, provided the proposal is not rejected within the deadline.
2. If the Insurer does not turn down or modify the proposal, it executes the contract by implication, in accordance with the terms and conditions set out in the proposal. The intermediary having the power to do so may specify the exact time (hour, minute) of risk inception. The contract shall expire not later than at 12:00 p.m. on the day on which the insurance cover ends according as specified in the policy.
3. Upon the cessation of the contract neither the Policyholder, nor the Insured shall have any further rights or entitlements. In the case of an insurance of fixed sums or a health insurance the contract shall cease upon the provision of the service due to the Beneficiary according to the supplementary terms and conditions, without any residual right.
4. In the case of changes in the statutory regulations applying to tax allowance or tax credit that a customer may be entitled to in regard to the insurance contract after its conclusion, within sixty days following the entry into force of the relevant statutory regulations the Insurer may make a proposal concerning changes to be made to the insurance contract and/or the general contract terms and conditions applying to it in response to the changes in the applicable regulations in order to make sure that the contents of the contract are in line with the criteria for eligibility to the given tax allowance or tax credit. If the Policyholder does not reject the proposed amendments within thirty days of the notice thereof, the contract will be modified in accordance with the terms and conditions specified in the notice containing the proposed modifications, with effect from the day on which the amendments to the statutory regulations concerned enter into force. The Insurer shall not be entitled to terminate the contract as a result of the Policyholder's rejection of the proposed modifications.

5. This contract shall be governed by the provisions of Hungarian law and the directly and obligatorily applicable laws of the Member States of the European Union. In matters not regulated in the terms and conditions of insurance, the provisions of the applicable legislation in force, in particular, but not limited to, Act V of 2013 on the Civil Code (Civil Code), Act LXXXVIII of 2014 on Insurance Activities (Insurance Act) shall apply. In the event of a change in the law, legislation in force shall prevail in the event of any discrepancy between the provisions of these Terms and Conditions and the mandatory provisions of the law in force. The insurer is not obliged to inform the contracting party of changes in legislation.

VI. TERMINATION OF THE INSURANCE CONTRACT

1. If the period of the insurance cover specified in the Insurance Policy is shorter than 30 days it is possible to withdraw from the insurance contract on the last day preceding risk inception at the latest, if it can be proven that the occurrence of the insured event is no longer possible. Withdrawal from the insurance contract and refunding the insurance premium shall require the Policyholder's or – where the Policyholder is different from the Insured Person – the Insured Person's written consent, along with a written declaration made by the same, in which it states that no claim for service shall be made on the Insurer under the Insurance Contract even by the beneficiaries, if any.
2. In the case of an insurance contract covering a period of 30 days or more the difference between the insurance premium covering the actual period and the premium covering the original cover period shall be refunded. Actual period: the period of time between the inception date and the last covered date specified in the notice of termination of the insurance contract (the latter not predating the notice of termination). The declaration referred to in the above paragraph shall always be attached to the notice of termination. In the case of an annual pass no partial refund of the premium is possible, unless the contract ceases as a result of lapse of interest or impossibility of performance.

VII. THE TERM AND SCOPE OF THE CONTRACT

1. Term of insurance
 - 1.1. The insurance contract covers a specific period of time. The risk inception date and the date of the end of the term of insurance is contained in the insurance contract. An insurance contract covering a period exceeding 90 days may only be concluded with the Insurer's prior permission.
 - 1.2. Any given stay abroad of an insured possessing a yearly pass shall not exceed 30 days.
 - 1.3. If the date of the execution (signing) of the insurance contract matches the date specified as inception date, the insurance coverage shall apply from the time of the conclusion of the insurance contract on the day specified as inception date, in which case the time (hour, minute) of the conclusion of the insurance contract shall be specified in the insurance policy. If at the time of the conclusion of the contract the Insured Person is not staying in his/her country of permanent residence, risk bearing may start, at the earliest, at 0:00 on the day following the day of the conclusion of the contract, provided the Insurer consented to the conclusion of the contract in advance. The duration of risk bearing may be restricted by the Insurer at the time of the conclusion of the contract.
 - 1.4. If owing to an insured event occurring during the period covered by the insurance contract the Insured Person cannot return home, for reasons regarded as justified, by the scheduled date, the Insurer shall automatically extend the period covered by the insurance contract until the Insured Person is returned home by the service arranged by the Assistance service provider. The risk cover period shall be automatically extended by the Insurer by a maximum of 15 days. The risk cover provided by the Insurer shall lapse on the day on which the Insured Person returns home as organised by the Assistance service provider. The insurance coverage shall also lapse on the day of arrival at home as organised by the Assistance service provider if the Insured Person did not take the opportunity of getting carried home as offered by the Assistance service provider. The Insurer shall be entitled to invoice the insurance premium covering the automatically extended term of the insurance coverage. The contract cannot be extended in any way other than the automatic extension. If necessary, risk coverage may be provided under another contract.

2. Territorial scope

- 2.1. Without a territorial surcharge the risk coverage provided by the Insurer shall apply to Insured Events occurring in the geographical area of Europe. Under this insurance contract additional areas covered without territorial surcharge include: The whole area of Israel, Cyprus, Egypt, Canary Islands, Madeira, Malta, Morocco, Italy, Turkey, Tunisia and Georgia.

Risk coverage shall, in the case of a yearly pass, apply to insured events occurring in the geographical areas of Europe and the countries listed above.

In the case of a yearly pass the territorial scope may, by the payment of a surcharge, be extended to cover the whole of the world with the exception of the United States of America and Canada. The territorial scope of a yearly pass shall not, even upon the payment of a surcharge, cover the territory of the United State and Canada.

- 2.2. **Restriction of the territorial scope: apart from the accident and luggage coverage the risk coverage provided by the Insurer shall not extend – even during the insurance term – to the country in which the Insured Person has his/her permanent registered address of residence, or the country in which he/she is a citizen.** Within the country in which the Insured Person has his/her permanent registered address of residence, during the trip to and back from the destination during the term of the contract the Insurer provides only accident and luggage insurance service.
- 2.3. Against payment of a surcharge the risk coverage provided by the Insurer applies – with the exception of the country of permanent residence – to the whole world, except for services relating to the passenger car or motorcycle used as the means of transport for the journey. Services provided in relation to the passenger car or motorcycle used as the means of transport for the journey shall apply only to insured events occurring in the geographical area of EUROPE, even if surcharge for the extension of the territorial scope has been paid.
- 2.4. The rate of the surcharge is:
- +200% for trips to the United States of America or Canada (**VILÁG 1** supplementary coverage); For travelling to the United States and Canada, a person cannot be insured for more than 30 days if they have reached the age of 70 before the day you start travelling.
 - in the case of other countries outside Europe: +50% (**VILÁG 2** supplementary coverage).

VIII. INSURED EVENTS

1. Illness, accident

1.1. Illness

Unpredictable negative change in the health status of the Insured Person, occurring independently of the intents of the Insured Person, necessitating immediate medical help, or the death of the Insured Person. This category shall include control checks/interventions relating to pregnancy care until the end of the 27th week into pregnancy, obstetrician care or pregnancy as well as the termination of pregnancy, if the check/intervention is necessitated by unforeseeable reasons or circumstances and the Insured's doctor has given written consent to the trip.

Another case of this category is when the Insured has chronic illness even before the conclusion of the insurance contract if it required no treatment during the last 12 months before the conclusion of the contract, the Insured is below 70 years of age and the Insured's doctor has given written consent to the trip.

1.2. Accident

A one-off and sudden external (mechanical electrical or chemical) impact affecting the human body, independently of the intent of the Insured Person, causing injury or poisoning or other bodily impairment showing immediate clinical, anatomical and functional damage and necessitates immediate (acute, within 3 days) specialised medical care. The resulting injury (impairment) is proven to be in a direct causal relationship with the accident and results in death or temporary/permanent bodily impairment within one year.

2. Disappearance

- 2.1. The Insured Person's unexpected disappearance as a consequence of a sudden external force that is beyond the will of the Insured Person (including, in particular, getting carried away by avalanche or flood, or falling from a height).
- 2.2. Loss of communication with the Insured Person for a period of time long enough for indicating a likelihood of the Insured Person having suffered an Accident or having taken Ill, necessitating search and rescue of the Insured Person.

3. Damage to baggage

Damage during the trip exclusively as a consequence of:

- natural disaster;
- theft;
- robbery;
- bodily injury relating to accident in which the Insured was involved

to baggage and/or clothing owned and carried by the Insured from the country of his permanent residence.

4. Immobilisation of the passenger car or the motorcycle

Immobilisation of the passenger car or motorcycle used as the Insured Person's means of transport for the journey, as a consequence of a car accident or technical failure.

IX. EXCLUSIONS

1. General exclusions

- 1.1. The following types of damage shall not qualify as insured events, for which the Insurer will provide no services, if they occurred outside the Insured Person's country of permanent residence in a country that has been categorised by the Hungarian government as a high risk country or one in which conditions of war were already prevailing at the time of the Insured Person's visit:
- war, invasion, foreign enemy action, animosity or military operations akin to war (whether with or without declaration of war);
 - civil war, mutiny, rebellion, internal riots;
 - military uprising, military violence;
 - revolution.

The Insurer shall indemnify the Insured Person for his/her personal injury if it occurred within 14 days of the commencement of the above events, the Insured Person was not an active participant of such actions but the Insurer shall not pay indemnification for damage to property that occurred in such cases.

- 1.2. The Insurer shall pay no indemnification in connection with terrorist acts, with the exclusive exception of the following costs:
- costs of emergency medical treatment, up to HUF 50,000,000, per Insured Person;
 - costs of transport of the injured person home up to HUF 50,000,000, per Insured Person;
 - costs of transport of the dead body home up to HUF 50,000,000, per Insured Person;
- 1.3. Cases where damage is caused in part or in full by ionising radiation or nuclear power shall not qualify as insured events, in which the Insurer will provide no services.
- 1.4. The following shall not qualify as insured events, if carried out by or under instructions by any government or authority:
- confiscation;
 - seizure;
 - nationalisation;
 - destruction.
- 1.5. Events qualifying as accident at work according to Hungarian legislation shall not qualify as insured events (except upon the preliminary permission set out in Chapter I, point 4.3.2.).
- 1.6. The Insurer shall provide no services concerning damage that has occurred in relation to epidemics. An epidemic is when a large number of people are taken ill with a contagious disease concerning which the World Health Organisation has issued a pandemic alert with regard to the country concerned. By way of derogation, emergency medical treatment for Covid-19 infections and the cost of repatriating the patient are covered, up to the amount indicated in the table of services.
- 1.7. The Insurer will not indemnify for damage resulting from violations of personality rights and restitution arising.
- 1.8. The Insurer will not regard damage or loss stemming from medical malpractice to be insured events and shall pay no compensation for such.
- 1.9. Accidents occurred in sports competitions or other sports events, which the Insured Person attended as a participant, shall not qualify as insured events, for which the Insurer will provide no services, along with accidents occurring in the course of preparations for such sports competitions or during training.
- 1.10. Accidents suffered in the course of sports activities listed below shall not qualify as insured events and the Insurer shall provide no services for such accidents:
- any air sports;
 - any sports involving motor-powered land vehicles or motor powered water craft;
 - diving under water deeper than 18 metres;
 - caving;
 - mountaineering,
 - rock climbing;
 - skiing or snowboarding on any other than designated courses open to the public;

- sleighing on any other than designated courses;
- biking anywhere but on designated bicycle roads or lanes, or on public roads in breach of the applicable regulations;
- hiking with the help of special equipment (ropes, crampon, ice axe);
- hiking along routes other than designated trails;
- hunting;
- any other sports requiring special skills, high level technical expertise and experience.

1.11. The Insurer will not provide cover, make a claim payment or provide a service if by providing such coverage or making a claim payment the Insurer would violate any sanctions, provisions or regulations of the United Nations or any trade, financial embargoes or economic sanctions, laws or regulations of the European Union, Hungary, the United Kingdom or the United States (to the extent that these do not infringe any regulations or specific national laws applicable to the Insurer).

2. Regardless of the above exclusions the Insurer covers risks:

- concerning any ad hoc sports type activities provided as services for which one needs no prior training or qualifications whatsoever, which takes place with the involvement of a trained leader or guide in which the Insured Person participated as a paying customer,
- scuba diving, provided the following conditions are fully met:
 - diving is in line with the prevailing diving regulations introduced by the Hungarian Divers Federation,
 - diving is in line with any local special diving rules,
 - diving is in line with the special regulations of the diver training system in which the Insured Person completed a course and obtained qualification,
 - diving is in line with the diver's qualification of the Insured Person as regulated by the relevant Hungarian rules,
 - compressed air is used for breathing during diving,
 - the bottom depth of the dive is not more than 18 metres and no decompression stations need to be applied in the course of diving and continuous and straight line ascent is ensured in any phase of the diving exercise,
 - the diving does not necessitate special precautions. Special precautions need to be taken particularly when: diving takes place in a confined space (hole, cave, under ice, in wreck or engineering structure), in a watercourse where water is flowing, when a towing device is used, in poor or zero visibility conditions, around or within wrecks, in cold water (below +10 C) or in hot water (over +32 C).

X. REASONS FOR EXEMPTION, LIMITATION OF THE SERVICE PROVIDED BY THE INSURER, PRO-RATA COMPENSATION

The Insurer shall be exempted from the obligation to pay indemnification, if it proves that

- the insured event was caused by any change in the behaviour of the Insured Person caused by the consumption of alcohol, drug use, medicine overdosing or the taking of medicines not prescribed by a doctor,
- the insured event was caused by the Insured Person's illegal, wilful or grossly negligent conduct. The category of gross negligence comprises particularly, missing the mandatory protective vaccination.
- the insured event occurred in relation to the Insured Person's suicide, suicide attempt or deliberate self-impairment.

The above reasons of exemption shall not be taken into account by the Insurer in the determination of Legal Protection services.

If no or insufficient surcharge is paid upon the conclusion of the contract, the Insurer shall make payment in an amount of a proportion equal to the ratio of the premium actually paid, to the premium that should be payable.

The Insurer shall not be obliged to provide its services:

- in the case of a breach of the obligation to communicate or report changes, unless the contracting party proves that the circumstance withheld or not reported had been known to the Insurer at the time of the conclusion of the insurance contract or that it did not contribute to the occurrence of the loss occurrence.
- upon breach of the obligation to report the occurrence of the insured event, or the obligation to cooperate (see Chapter XI).

XI. PROVISIONS CONCERNING CLAIM REPORTING, CLAIM SETTLEMENT AND INSURANCE SERVICES

1. Information relating to claim reporting and claim settlement

The Insurer will bear no liability if the Contracting Party or the Insured fails to report the claim within the time frame stipulated in the contract, provide the necessary information or enable the verification of the information that has been provided, therefore material circumstances of relevance to the Insurer's obligation become impossible to investigate.

Insured events shall be notified immediately at the telephone number of the Assistance service provider (+36-1-477-4900) which may be called round the clock, but not later than within 24 hours of the event, to the extent objectively possible. If the Insured is prevented from reporting, the insured event shall be reported once the factors preventing the Insured from making the report cease to exist to ensure that all major facts pertaining to the loss can be found out.

Damage caused by baggage theft or robbery must also be reported to the local police after the event and a record of the damage must be presented to the Insurer within 48 hours of the date of the incident. If the Insured is prevented from reporting, the insured event shall be reported once the factors preventing the Insured from making the report cease to exist.

Task of the insured during claim settlement:

- to inform the Assistance service provider of all relevant facts and data pertaining to the insured event immediately,
- to avert or reduce the damage to the extent possible, following the instructions received from the Assistance service provider.

If the service relating to the insured event was – for any reason attributable to the Insured Person – not used as organised or approved by the insurer or the Assistance service provider, the Insurer's service shall not include compensation for the resulting extra costs.

2. Provisions concerning the insurance services

2.1. Costs proven by receipts/invoices

- a) Costs proven by receipts/invoices shall be reimbursed by the Insurer up to the limit amounts specified in the table of services. The Insurer will only reimburse the amount of value added tax paid, only on the basis of receipts/invoices stating the amount of the value added tax or from which the amount of the value added tax can be calculated.
- b) If in the country being visited the Insured Person cannot contact the Assistance Provider or the Insurer cannot guarantee the organisation of the Insured Person's return home because of the prevailing conditions and circumstances caused by war, civil war, uprising, riots or any natural disaster, the Insurer shall reimburse the cost of the Insured's premature trip home, up to a maximum of HUF 500,000.
- c) With the exception of accident insurance and health insurance qualifying as insurance of fixed sums, if the same insurance interest is covered by multiple insurers independently of each other (multiple insurance), the Insured Person may submit its claim for damages to one or more of such insurers. If the Insured Person files his or her claim for damages with the Insurer, the Insurer shall make payment in accordance with the General Contract Terms and Conditions applying to this insurance up to the limit specified in the Service and Premium Table, reserving the right to claim proportionate reimbursement from the other Insurers. When submitting his or her claim for damages the Insured Person shall make a declaration on the existence of multiple insurance if any, on the enforcement of his or her claim and on any amounts already reimbursed.
- d) The Insurer shall make payment in HUF, while in the case of assistance service, it shall provide its service in-kind. In the case of payment in foreign currency the Insurer shall convert the amount concerned into HUF at the medium rate applied by the MNB on the day of payment of the compensation.
- e) The necessary costs of the mitigation of the damage within the agreed amount of service shall be borne by the Insurer even if the efforts to mitigate the damage have failed.

2.2. Permanent telephone assistance service

The Assistance service provider shall operate a round-the-clock telephone assistance service that can be called from both Hungary and abroad. The telephone number is: **(+36) 1-477-4900**.

2.3. Services in the case of accident or illness

In the case of accident or illness,

- organisation of emergency medical care and reimbursement of costs incurred abroad, until the Insured Person is in a condition in which he/she can be carried back home.
- if the Insured Person needs to be carried away from the site of the accident/illness by ambulance car, helicopter, aeroplane or other special or conventional means of transport, it will be comprised in the Insurer's service. The amount of the compensation will be the amount shown

in the "Organisation and reimbursement of the cost of emergency medical care in the case of accident or illness" line of the Service and Premium Table.

- organisation of emergency dental care and reimbursement of costs incurred abroad.
- organisation of justified transport of the ill or injured Insured Person abroad and reimbursement of its cost.
- organisation of the ill or injured Insured Person's stay abroad as demanded by the circumstances and reimbursement of its costs, automatic extension of the insurance coverage for the shorter of such period or 15 days.
- If in the case of the illness of the Insured Person or an accident involving the Insured Person the Insurer provided service and the Insured Person has become incapable of driving the passenger car used as the means of travel, the Assistance service provider organises the commissioning of a driver to drive the passenger car home instead of the Insured Person. The Insurer shall pay the extra cost incurred in relation to the commissioning of a driver and the driving of the passenger car home, to the extent specified in the Service and Premium Table.

In the case of existing chronic illness,

- exclusively the organisation of emergency medical treatment and reimbursement of the costs incurred abroad if the insured has not turned 70, the Insured's doctor has given written consent to the trip and the condition concerned required no treatment during the last 12 months preceding the conclusion of the insurance contract. The amount of the compensation will be the amount shown in the "Organisation and reimbursement of the cost of emergency medical care in the case of chronic illness" line of the Service and Premium Table.

2.3.1. **Exclusions relating to accidents and illnesses**

The Insurer will not reimburse costs:

- **known or expected by the Insured Person to be incurred, before the commencement of the journey or the conclusion of the insurance contract,**
- **incurred in relation to illnesses or injuries existing already before the commencement of the journey or the conclusion of the insurance contract,**
- **relating to illnesses that necessitated treatment during the last 12 months preceding the conclusion of the insurance contract**
- **stemming from chronic illness of an Insured over 70 years of age,**
- **incurred in the course of the Insured Person's convalescence and rehabilitation treatment,**
- **incurred in the course of the Insured Person's trip taken in order to receive medical treatment, in relation to medical diagnostics, medical treatment, plastic surgery interventions,**
- **incurred after and in relation to organ transplant performed on the Insured Person, in the course of his/her journey back home,**
- **relating to treatment in sanatorium, rehabilitation treatment, physiotherapeutic treatment,**
- **relating to prior tests aimed at assessing the patient's condition (particularly examinations preceding the purchase or replacement of glasses, contact lenses, medical aids, prosthetics),**
- **relating to preventive vaccinations,**
- **incurred optionally, not in relation to emergency care, even if carried out after emergency treatments,**
- **incurred in relation to burning injuries, such as those caused by solar radiation or skin tanning equipment (sunbed),**
- **relating to sexually transmitted diseases,**
- **relating to medical or medicinal activities not subsidised by the Hungarian social security system (e.g. homeopathy, acupuncture),**
- **relating to the Insured Person's mental condition, depression or alcoholism.**

2.4. **Search, rescue**

In the case of the Insured Person's disappearance as a consequence of accident or illness (VIII.2) the Assistance service provider organises search for the Insured Person and his/her transport to a safe and secure place as befits the condition of the Insured Person so found. The costs of search and rescue shall be reimbursed by the Insurer up to the amount in the Service and Premium Table.

2.4.1. **Exclusion and limitation relating to search and rescue**

The Insurer may claim refund of the search and rescue costs it has paid if the Insured Person's disappearance is related to his/her unlawful, wilful or grossly negligent, conduct, including, in particular, any conduct in causal relationship with the his or her consumption or use of alcohol or narcotic substances.

2.5. **Daily hospital cost reimbursement**

If the Insured Person needs to be hospitalised as a consequence of illness or accident but at least 65 % of the total cost of the justified hospital treatment is covered by

- the Insured Person's European Health Insurance Card, or
- some other insurance coverage,

the Insurer pays, under this contract, daily hospital cost reimbursement in amounts specified in the Service and Premium Table for the days spent in hospital. As part of its service the Insurer shall pay daily hospital cost reimbursement for not more than 15 days per insured event. The service shall not be provided for the day of admission to and release from hospital.

2.6. **Transporting the family home**

The Assistance service provider shall organise the transport of family members travelling together with the Insured Person before the scheduled date if the Insured Person is provided – under this contract – with insurance service on account of accident or illness and is forced to break off his/her journey. The term family member shall refer to close relatives and life partners registered at the same address as the Insured Person. The Insurer shall reimburse the extra costs incurred in relation to the trip home before the scheduled date, to the extent specified in the Service and Premium Table.

2.7. **Visiting of the sick or injured Insured Person**

The Assistance service provider shall organise a visit for a close relative or relative of the Insured Person who has been undergoing hospital treatment for at least 5 days as a consequence of an insured event, from the country in which the Insured Person or life partners registered at the same address as the Insured Person has his/her permanent address of residence, to the hospital concerned, if the Insured Person is not expected to be in a condition suitable for transport home for at least 5 more days. The Insurer shall cover the costs of the round trip of one person, from and to an address in the country of permanent residence, to the extent specified in the Service and Premium Table.

2.8. **Return home before the scheduled date**

The Assistance service provider shall organise the Insured Person's unexpected trip home, ahead of the scheduled date, if necessitated by the unexpected death or serious illness of a close relative of the Insured Person or life partners registered at the same address as the Insured Person. The Insurer shall pay the cost of the trip organised by or agreed with the Assistance service provider, to the extent specified in the Service and Premium Table.

2.9. **Costs of transportation of the dead body home**

The Assistance service provider shall organise the transportation of the dead body of the Insured Person deceased in the course of an insured event, to the country of permanent residence. The Insurer shall pay the costs of the transportation of the dead body home or the costs of burial abroad, to the extent specified in the Service and Premium Table.

2.10. **Replacement of documents**

The Assistance service provider shall organise the replacement of documents stolen or destroyed abroad, while the Insurer shall pay the justified costs of replacement, to the extent specified in the Service and Premium Table.

2.11. **Interpretation by telephone, cost of interpretation, Interpreter aid service**

In case the Insured Person does not speak the language of the country in which he/she is staying, the operator who can be reached through the emergency telephone line shall provide assistance, in the form of interpretation by telephone, in the language of the country concerned or via an intermediary language.

Interpreting by telephone will be available in the following languages:

- English,
- German,
- French,
- Italian,
- Serbian,
- Croatian,
- Romanian.

In case command of the local language is necessary in relation to the insured event, the Insurer shall reimburse for the Insured Person the costs (proven by invoice) of interpretation organised by the Insurer and used for due reason, up to the amount specified in the Service and Premium Table.

2.12. **Luggage replacement cost, luggage delay, flight delay, missed flights**

- a) The Insurer shall pay the costs of replacement of property damaged in the course of an insured event. The insurer shall pay the market value of pieces of property prevailing on the day of the insured event, in view of – to the extent possible – the original invoice or receipt made out to the name of the individual concerned or, where necessary, other pieces of evidence, subject to the limits per item and event, as specified in the Service and Premium Table. Market value means the price for which a used piece of property of the function, age

and condition corresponding to that of the damaged property, can be purchased. Only damage to luggage owned and carried by the Insured Person from the country of his permanent residence, or clothing owned and worn by the Insured Person, as a consequence of a natural disaster, theft, robbery or accident suffered by the Insured Person during the journey shall qualify as insured event. **The limit per item will be increased but the list of Insured Events will not be changed by the Insured's conclusion of a contract for the service called Kütyü Plusz (Gadget Plus).** The depreciation of used property items and the calculation of the service amount are based on the following table:

Depreciation of technical goods (%, following the purchase)		Depreciation of cosmetics, medication (%, following the purchase)		Depreciation of other property items (%, following the purchase)	
In the first year	-15%	In the first six months	-50%	In the first six months	-20%
After one year	-20%	Between six months and one year	-75%	Between six months and one year	-30%
After two years	-30%	After one year	-100%	After one year, each year	-10%
After three years	-40%				
After four years	-50%				
After five or more years	-80%				

- b) **Suitcase repair** – the Insurer shall, on the basis of the original invoice issued for the repair, pay the costs of the repair of the damage caused to the suitcase concerned by the road, air or water transport operator, up to the amount specified in the table of services, provided the road, air or water transport operator has admitted in writing the fact that it caused the damage and has partly refunded the Insured Person's claim for damages.
- c) **Luggage delay** – if in the course of the Insured Person's trip to the destination abroad – with an airline or shipping company or with representations of such – the luggage booked by the Insured Person at the time of his/her departure to the place of destination is delivered to any place other than as specified when it was booked and consequently it is delayed by at least 6 or 12 hours, the Insurer shall indemnify the Insured Person up to the amount specified in the Service and Premium Table, based on the invoices evidencing the purchase of the consumer goods that are indispensably required because of the delay. The actual duration of the delay shall be proven by an original on-site record issued by the airline or shipping company or the representative thereof to the name of the Insured Person while the take-over of the luggage shall be proven by an official certificate stating the name of the Insured Person, specifying the precise date and time of the take-over. The luggage booking receipt shall also be attached to the claim for damages. The duration of the delay shall be calculated on the basis of the time of arrival of the aircraft or the ship. Indemnification may be paid to the Insured Person if he/she can present each of the above certificates made out to his or her name, clearly proving his or her delayed receipt of at least one piece of his or her luggage. The amount of the indemnification applies to not more than one piece of luggage per person.
- d) **Flight delay** – if in the course of the Insured Person's trip, with an airline or shipping company or with representations thereof and the aircraft or the ship is at least 6 but not more than 24 hours late in comparison to the applicable timetable, for any reason (such as weather conditions), the Insurer shall indemnify the Insured Person up to the amount specified in the Insurer's Service and Premium Table, based on the invoices evidencing the purchase of the consumer goods and services that are indispensably required because of the delay. One prerequisite for this is that the Insured Person called the airline or shipping company and then appeared at their premises at the time as per the travel itinerary specified by the travel organiser or the transport company and was issued an official written certificate, made out to his/her name by the airline or shipping company (or its representative) of the reasons for or causes and length of the delay. The length of the delay shall be calculated on the basis of the time of departure of the flight or shipping service as specified in the relevant timetable and the actual time of departure. **The cancellation of a flight or journey shall not qualify as an insured event. A delay exceeding 24 hours shall qualify as the cancellation of a flight or shipping service.**
- e) **Missed flight** – the Insurer will indemnify the Insured up to the amount shown in the Service and Premium Table if the Insured misses a scheduled flight due to a traffic accident that occurred no more than 3 hours before the scheduled departure of the flight, provided that the Insured had a pre-purchased valid ticket for that flight.

2.12.1 Exclusions and restrictions relating damage to luggage The Insurer will not pay indemnification for damage

- caused to or in relation to valuable items carried along for the journey (precious metals, wristwatches, precious stones, jewellery, works of art, collection),
- cash, cash substitute means of payment, securities, items providing entitlement to the use of services (tickets, season passes, stickers),
- musical instruments,
- bicycles, except upon the purchase of Világlátó AKTÍV insurance (see Chapter XXIII, Clause 2)
- sports equipment and gear, special sports clothing, particularly divers' outfit, skiing clothes, except upon the purchase of Világlátó AKTÍV insurance (see Chapter XXIII),

- to technical articles worth more than HUF 50,000 when new (apart from specific technical articles, (see subsection II.14.),
- named technical articles carried as baggage on a flight (see subsection II.14),
- tools and work equipment ((except in the case of work performance authorised by the Insurer as described in Chapter I, point 4.3.2) work; in such cases, damage to tools and work equipment is covered up to the agreed limit),
- as a consequence of being dropped, or otherwise falling,
- data carriers or data stored therein/on,
- items stored in cars in visible places, as a by consequence of theft, even if the motor vehicle was locked at the time of the occurrence of the insured event,
- items placed in unlocked vehicles, as a consequence of theft,
- during camping in places other than designated camp sites by theft or robbery,
- caused to luggage not kept safe in the way that would have been expected in the given circumstances – unless items were stolen from belongings left unattended at a beach or swimming pool side, of which a police record has been produced. The maximum amount of the service shall be as specified in the Service and Premium Table (see the line Beach Theft),
- occurred in relation to any criminal act perpetrated by the Insured Person,
- occurred in relation to an accident in which such vehicle was involved which the Insured Person was driving without authorisation at the time of the accident.

In contrast to as specified in the above exclusions and limitations the insurance shall cover specific technical articles (see subsection II.14.) as well, regardless of their value when new.

2.13. Refunding of the price of the ticket or pass paid for the use of the course or track (only in the case of the purchasing of Világlátó SZLALOM)

Upon purchasing Világlátó SZLALOM insurance and payment of the relevant surcharge the Insurer shall refund a part of the price of the ski-lift pass and/or track use pass not used by the Insured Person as a consequence of the insured event, in an amount that is proportionate to the part of the period covered by the pass and falls within the insurance period, if the time-proportionate part not used owing to the insurance period is at least or more than 3 days or longer and the service provider provenly does not reimburse the price of the ski-lift pass.

2.14. Replacement cost of sports equipment (only in the case of the purchasing of Világlátó SZLALOM or Világlátó AKTÍV insurance)

2.14.1. Upon purchasing Világlátó SZLALOM or Világlátó AKTÍV, and payment of the relevant surcharge the Insurer shall pay the replacement cost of the sports equipment damaged by the Insured Event owned by the insurer, up the limit amount specified in the Service and Premium Table, as set out in Clause 2.14.2.

The following sports equipment will be insured:

Winter sports gear (ski boots, skis, snow board, ski poles, ski clothing, ski goggles, helmet),

Diving equipment (breathing apparatus, equilibrating volume, divers' computer and its accessories)

Bicycle: for the purposes of these terms and conditions, a bicycle is defined as a vehicle having at least two wheels and propelled solely by human power. Bicycles for professional use (bicycles used for competition, activities related to a profession) are not covered.

Fishing gear: all the equipment and accessories suitable and authorised for the recreational catching of fish in water in a permitted manner. For the purposes of the insurance, the Insurer understands fishing gear to mean the following specifically identified equipment:

- fishing rod;
- fishing reel;
- fishing chair and fishing bed;
- fishing radar;
- feeding boat;

other equipment exceeding an individual value of HUF 10,000.

The Insurer shall pay the market value of the Winter sports equipment, Diving equipment, bicycles, fishing gear and -- other sports equipment used in sports activities not included in the General and the Special Exclusions lists, prevailing on the day of the insured event, in view of the limits per object and event as specified in the Service and Premium Table. Market value means the price for which a used piece of property of the function, age and condition corresponding to that of the damaged property, can be purchased. The depreciation of used property items and the calculation of the amount of service are based on the table in Clause 2.12 a).

2.14.2. Exclusions and restrictions relating to winter sports equipment, diving equipment and other sports equipment

The Insurer shall not pay indemnification for damage

- caused to bicycles, except in the case of purchasing Világlátó AKTÍV,

- caused to sports equipment used in sports activities listed among the General and the Specific Exclusions,
- caused to sports goggles,
- caused to Winter sports equipment, Diving equipment or other sports equipment stored in cars in visible places, as a by consequence of theft, even if the motor vehicle was locked at the time of the occurrence of the insured event,
- caused to Winter sports equipment, Diving equipment or other sports equipment placed in unlocked vehicles, as a consequence of theft,
- caused to Winter sports equipment, Diving equipment or other sports equipment not kept safe in the way that would have been expected in the given circumstances,
- suffered in relation to the loss Winter sports equipment, Diving equipment or other sports equipment,
- occurring in relation to any criminal act perpetrated by the Insured Person (except for legal assistance services).

2.15. Convenience services

Reimbursement of telephone costs: reimbursement of the costs of phone calls made in relation to the insured event by the Insured Person, up to the maximum amount specified in the Service and Premium Table.

The telephone assistance service shall – at the Insured Person’s request – provide information on the weather expected to prevail in the area specified by the Insured Person. This service may be used not more than once a day during the term of the contract.

The telephone assistance service shall – at the Insured Person’s request – work out a route to be followed by car between the requested point of departure and arrival, which it shall deliver to the requested address by e-mail. This service may be used not more than once a day during the term of the contract.

2.16. Assistance for blocking bank cards and SIM cards

The Assistance service provider specifies the telephone number of the Insured Person’s bank or mobile operator as required for blocking the card concerned.

2.17. Legal protection services

2.17.1. Organisation of legal protection services

The Assistance service provider shall organise legal advice, on one occasion, for the Insured Person concerning the insured event that has occurred or in relation to the proceedings instituted by a competent authority against the Insured Person during the term of this travel insurance contract in the course of the duration of the journey concerned.

2.17.2. Payment of the costs of the legal proceedings (if such service is comprised in the insurance contract by the Insured Person).

In the case of an infringement proceeding or a criminal proceeding instituted against the Insured Person on account of a criminal offence committed out of negligence the Insurer shall reimburse

- the cost of the lawyer retained,
- the duty payable,
- the costs of the legal proceeding,
- the cost of the commissioned expert,

up to the limit applying to such service.

2.17.3. Advancing the amount of bail

The Insurer shall advance the amount of bail to be deposited in order to have the Insured Person released on bail, up to the amount specified in the Service and Premium Table. **The Insured Person shall refund the amount of the bail to the Insurer within 60 days of his or her return home.**

3. Accident insurance services

3.1. In cases occurring within one year of the date of the occurrence of an accident, in a causal relationship with the accident suffered by the Insured Person during the journey, the Insurer shall provide the following services:

- payment of the insurance compensation upon death by accident,
- payment of the insurance compensation upon permanent health impairment,
- payment of the insurance compensation for death in an aviation disaster, in addition to the insurance compensation for death in an accident if the Insured Person died as a paying passenger of the passenger plane in an aviation disaster.

3.2. The accident insurance services relating to the death of the Insured Person shall be paid by the Insurer to the heirs of the Insured Person.

- 3.3. The degree of health impairment shall be established by the Insurer's doctor in view of the parameters presented in the following table. In the case of damage to multiple body parts, the relevant percentage rates shall be aggregated. If the aggregated percentage rates exceed 100%, the Insurer shall pay the amount corresponding to a 100% degree of health impairment. The degree of permanent health impairment shall not be established before the passing of one year following the date of the accident. One prerequisite for the service is that it is claimed from the Insurer while the Insured Person is alive.

Injuries to body parts	Degree of health impairment (%)
Loss or complete immobility of one complete upper limb from the shoulder joint	70%
Loss or complete immobility of one upper limb over the elbow joint	65%
Loss of complete part of one upper limb below the elbow or immobility of the same or complete loss or immobility of one hand	60%
Complete loss or immobility of one thumb	20%
Complete loss or immobility of one index finger	10%
Complete loss or immobility of any other finger	5%
Complete loss or immobility of one lower limb over the mid-thigh section	70%
Complete loss or immobility of one lower limb up to the mid-thigh section	60%
Complete loss of one lower limb up to the mid-shin section	50%
Complete loss of one foot up to the ankle	30%
Complete loss of one big toe	5%
Complete loss of any other toe	2%
Complete loss eyesight in both eyes	100%
Complete loss eyesight in one eye if the other eye is unimpaired	40%
If the eyesight of the other eye had been lost before the effective date of the insurance contract	70%
Complete loss of hearing of both ears	60%
Complete loss of hearing of one ear	15%
If the hearing of the other ear had been lost before the effective date of the insurance contract	45%
Complete loss of the capability of speech	60%
Complete loss of the capability of understanding speech	60%
Complete loss of the ability to smell	10%
Complete loss of the ability to taste	5%

- 3.4. If the Insured Person dies as a consequence of an insured event within 1 year of the date of its occurrence, the Insurer shall supplement the amount paid up to the date of death – on account of permanent health impairment – to the insurance compensation for death. If the amount already paid as insurance compensation for permanent health impairment exceeds the amount of the insurance compensation for death, the Insurer shall not claim refunding of the difference.

4. Liability insurance

- 4.1. **Apart from cases of liability damage caused in the course of the operation of a motor vehicle**, if the Insured Person has caused an accident for which he/she is liable under the Hungarian law, the Insurer shall pay the costs of the medical treatment or the burial of the person injured in the accident up to the amount specified in the table of services and premiums (if this service is comprised in the contract concluded by the Insured Person).
- 4.1.1. Upon the purchasing of Supplementary sports – SZLALOM – insurance: if in relation to his/her winter sports activities the Insured Person caused an accident in which another person suffered an injury necessitating medical treatment and for which the Insured Person is liable under the Hungarian law, the Insurer shall refund the costs of the emergency medical treatment – at the site of the accident – of the person who suffered an accident, and the costs of transportation home in relation to the treatment, unless those costs can be recovered from some other source. **The Insurer shall pay no compensation for any claim enforced on behalf of the social security system against the person that caused the damage.** The Insurer shall provide the service up to the amount specified in the Service and Premium Table.
- 4.1.2. The Insurer shall reimburse the costs of burial or the transportation of the dead body home, up to the amount specified in the Service and Premium Table.
- 4.1.3. In addition to as provided in the above subsections 4.1.1 and 4.1.2 the Insurer shall pay compensation for up to a maximum of 50% of the damage to the injured or deceased person's winter sports equipment, up the amount specified in the Service and Premium Table.
In the case of accidents that have occurred on tracks or courses, liability shall be established on the basis of the 10-point regulation of the International Ski Federation (Skiing Code).

4.2. **Hotel liability insurance**

If the Insured Person causes such property damage to equipment of hotel, apartment or camp site used in exchange for a usage fee as accommodation, for which he/she is liable under both the Hungarian and the local legislation, the Insurer shall reimburse the amount he/she paid as compensation, up to the amount specified in the table of services.

4.3. **Exclusions and restrictions**

Under this insurance contract the Insurer shall not pay indemnification for any damage caused by deliberate action or for damage covered under the effective Hungarian legislation by the mandatory motor third party liability insurance policy covering the vehicle that caused the damage, regardless of whether the vehicle that caused the damage was or was not covered by such insurance. **Nor shall the Insurer reimburse to the Insured Party causing damage any of its costs of legal representation, restitution or interests exceeding the reimbursement ceiling (limit).**

4.4. Compensation claims under liability insurance shall be reported within 30 days of the occurrence of the insured event.

XII. **PET INSURANCE**

In the case of the purchase of Gold and Platinum packages, the Insurer will reimburse the cost of emergency veterinary treatment of the pet resulting from an accident, as certified by an invoice, following the Insured's trip, up to the amount indicated in the Table of Services. **The insurance does not cover the cost of treatment resulting from the pet's illness, nor the cost of vaccination.**

XIII. **SUPPLEMENTARY SPORTS INSURANCE**

1. **Világlátó SZLALOM – Supplementary insurance for skiers**

Upon purchasing **Világlátó SZLALOM** and payment of its surcharge, irrespective of the exclusions set out in Section IX (EXCLUSIONS) the Insurer also covers accidents occurring during skiing or snowboarding on courses open to the public and marked with colours, as well as sleighing and skating in designated areas. **The risk coverage provided by the Insurer does not apply to accidents occurring outside designated courses, rinks or tracks, as well as those occurring in free ride terrains, free style parks, fun parks, on open waters without specific licensing or winter sports in half pipes!** The VILÁGLÁTÓ SZLALOM Platina package also applies to accidents occurring outside designated courses, rinks or tracks in areas that are, however, open to the public for winter sports activities.

2. **Világlátó AKTÍV Cyclists', anglers', divers' supplementary insurance**

Upon purchasing **Világlátó AKTÍV** and payment of its surcharge, irrespective of the exclusions set out in Section IX (EXCLUSIONS), with respect to diving, the Insurer also covers accidents occurring during diving provided that the below conditions are fully met during diving:

- diving is in line with the prevailing diving regulations introduced by the Hungarian Divers Federation,
- diving is in line with any local special diving rules,
- diving is in line with the special regulations of the diver training system in which the Insured Person completed a course and obtained qualification,
- diving is in line with the diver's qualification of the Insured Person,
- the regulations on the equipment to be used for diving are fully complied with,
- diving is not carried out with a closed or semi-closed breathing apparatus,
- in the case of the use of compressed air as breathing gas the bottom depth of diving does not exceed 56 metres,
- the oxygen load limits relating to the given partial oxygen pressure specified in the internationally accepted tables are observed,
- in the case of the use of a gas mixture as breathing gas the partial oxygen pressure is kept between 0.16 bar and 1.6 bar in the course of diving,
- in the case of the use of a gas mixture as breathing gas the partial nitrogen pressure is kept below 4.0 bar in the course of diving,
- in the case of the use of a gas mixture as breathing gas the partial helium pressure is kept below 10.0 bar in the course of diving.
- Decompression stations may be applied in the course of diving. The diving may be one necessitating "special precaution". Special precautions need to be taken particularly when: diving takes place in a confined space (hole, cave, under ice, in a wreck or engineering structure), in a watercourse where water is flowing, when a towing device is used, in poor or zero visibility conditions, around wrecks, in cold water (below +10°C) or in hot water (over +32°C).

If the way of treatment of an accident that occurred during diving is hyperbaric chamber treatment as recommended by a specialist doctor, the insurance coverage applies to such treatment as well, up to a maximum amount of HUF 2,000,000 or 1,000,000 in the case of treatment abroad or Hungary, respectively.

XIV. SERVICES PROVIDED UNDER THE SUPPLEMENTARY INSURANCE RELATING TO THE PASSENGER CAR OR MOTORCYCLE USED AS THE MEANS OF TRAVEL

1. The service may be used in relation to vehicles:

- a) not more than 20 years old,
- b) used by the Insured Person during the journey,
- c) covered by the relevant licences, permits and MTPL coverage,
- d) passenger car or the motorcycle,
- e) immobilised caused by an accident occurring on a paved road involving the vehicle, or its technical breakdown (**except for tyre puncture***) up to the amount specified in the Service and Premium Table.

2. The available services

2.1. **On-site (roadside) emergency repair of the passenger car or motorcycle and payment of its cost, to the extent specified in the Service and Premium Table** The goal of the emergency repair is to render – at the site of the insured event – the passenger car or motorcycle capable of travelling on in accordance with the applicable technical rules but not complete technical and aesthetic recovery. The costs of the components required for the repair are borne by the insured, and the Insured Person must provide for having the motor vehicle properly repaired in a servicing unit. The insurer shall not pay compensation for the costs of any components and/or parts required for repairs.

2.2. **Organising the transportation of the passenger car or motorcycle to the nearest repair shop and payment of its cost, to the extent specified in the Service and Premium Table.** In case no emergency repair of the motor vehicle is possible on-site or if the attempt at repairing it fails, the Insurer provides for the delivery of the car or motorcycle to the nearest brand servicing unit or the nearest specialised repair shop that is suitable for repairing it. The Insurer will not pay compensation for the costs of any components and/or parts required for repairs. In case the costs of delivery to a repair shop are lower than the amount specified in the Service and Premium Table, the Insurer may reimburse costs invoiced by the repair shop for servicing and repair from the amount remaining from the limit specified in the Service and Premium Table. The total cost of the two services shall not, even in this case, exceed the amount specified in the Service and Premium Table.

2.3. **Organising the transportation of the passenger car or motorcycle back home and payment of its cost, up to the amount specified in the Service and Premium Table.**.** The Insurer organises transportation back home if after delivery to the servicing unit the expert opinion issued by the servicing shop it would take more than 4 working days to get the vehicle repaired. The costs of the transport of the vehicle back home, and that of the journey of the Insured back home, shall be reimbursed by the Insurer up to the amount in the Service and Premium Table.

2.4. Payment of the costs of storage of the passenger car or motorcycle up to the amount specified in the Service and Premium Table.

2.5. Payment of the unexpected cost of accommodation during the repair the passenger car or motorcycle, up to the amount specified in the Service and Premium Table.

3. Exclusions relating to the passenger car or motorcycle used as the means of travel

The Insurer shall pay no reimbursement if the costs were incurred in relation to a more than 20 year-old passenger car or motorcycle used as the means of travel. The age of the passenger car or motorcycle shall be calculated as follows: the year of manufacture shall be subtracted from the year of the risk inception date. A vehicle used by the Insured Person for the purposes of his or her journey, that passed the official tests as a passenger motor vehicle according to its valid vehicle licence, of a total weight not exceeding 3.5 tonnes, with valid documents shall qualify as a passenger motor vehicle.

In case the Insured Person's vehicle runs out of fuel, the Insurer shall organise the delivery to the vehicle of fuel of a quantity required for driving on to the nearest filling station, but the Insurer shall not pay the cost of the fuel or any of the related costs.

Motorcyclist helmet and protective clothing damaged in a road accident shall not be excluded.

The Insurer shall not regard damage or loss stemming from damage occurring during or as a consequence of work carried out by the repair shop to be insured events and will pay no compensation for the same.

The Insurer shall not regard damage or loss stemming from the Insured's errors or mistakes (e.g. running out of fuel, locking the ignition key inside the vehicle, filling up with the wrong type of fuel etc.) to be insured events and shall pay no compensation for the same.

In the event of damage to a rental vehicle, the Insurer will not reimburse costs that are recoverable from elsewhere (e.g. under the rental agreement).

The Insurer shall not regard accidents that have occurred on unpaved roads to be insured events and shall pay no compensation for the same.

XV. COVID-19 BASIC AND SUPPLEMENTARY INSURANCE

1. Covid-19 basic insurance

Traveller's insurance covers:

- a) the organisation and reimbursement of the costs of emergency medical care, patient transport and home transport in connection with Covid-19 infections, up to the amount specified in the Table of Services and Premiums.
- b) additional accommodation and travel expenses incurred in connection with the infection of the Insured by Covid-19 or quarantine ordered due to his/her contact, up to the amount specified in the Table of Services and Premiums.

2. Covid -19 supplementary insurance

- a) Expenses related to immediate travel home due to an epidemiological emergency

If, in connection with the COVID-19 epidemic, a country or region, is added to the list of countries with "increased security risk" published by the Ministry of Foreign Affairs and Trade after departure or during the stay abroad, and the local authorities order foreign nationals to leave the country, the Insurer will reimburse the justified and justified additional costs of the insured's return home before the time of departure, up to the amount specified in the Table of Services and Premiums.

- b) Reimbursement of additional expenses related to quarantine measures

If, during the stay abroad, quarantine measures or territorial (e.g. municipal, provincial) closures are imposed by the competent authority in the place concerned, the additional costs incurred as a result shall be reimbursed by the insurer. The amount of the service will be the reasonable and justified additional costs of the insured person, up to the amount specified in the Table of Services and Premiums.

Table demonstrating COVID-19 basic and supplementary insurance

"Világlátó" Traveller's insurance		Silver (Ezüst)	Gold (Arany)	Platinum (Platina)
Basic service included in the "Világlátó" Traveller's insurance	Organising and reimbursement of the costs of a) emergency medical treatment, b) patient transportation, c) transport home related to Covid-19 infections	HUF 5,000,000	HUF 15,000,000	HUF 25,000,000
	Additional accommodation and travel expenses incurred in connection with quarantine ordered due to the insured person's Covid-19 infection or contact	—	HUF 250,000	HUF 350,000
Optional supplementary cover for "Világlátó" Traveller's insurance	Expenses for immediate travel home due to an epidemiological emergency	HUF 100,000	HUF 150,000	HUF 250,000
	Reimbursement of additional costs due to quarantine measures	HUF 100,000	HUF 150,000	HUF 250,000

XVI. DOCUMENT REQUIRED FOR CLAIM SETTLEMENT

For the assessment of the damage and the establishment of its amount the Insurer may request the following documents:

- the form introduced by the Assistance service provider, filled out (for all insured events),
- certification of validity of general health insurance (for insured events described in subsection VIII.1 of the policy),
- certification of the validity of the insurance (for all insured events),
- detailed description by the Insured Person of the Insured event (for all insured events),
- in the case of an insured event that occurred while using a paying service the record taken of the event (for insured events referred to in subsections VIII.1 and XI.2.12 of the policy),
- medical documents produced in relation to the insured event (for insured events described in subsection VIII.1 of the policy),
- invoices produced in relation to the insured event (for all insured events),
- police and other official documents created at the site and within 48 hours of the insured event in relation to the insured event (for all insured events),
- expert documents created in relation to the insured event (for all insured events),

* In the case of a tyre puncture the maximum amount of the service shall be as specified in the Service and Premium Table.

** If an insured event occurs in Slovakia, Slovenia and Austria, in the case of repatriation from these countries organised by the insurer, the actual cost of the repatriation may be reimbursed for vehicles of maximum 15 years of 15 years contrary to the limit set out in the Service and Premium Table.

- declaration issued by the Insured Person's family doctor and/or the doctor regularly visited by the Insured Person (for insured events described in subsection VIII.1 of the policy),
- delegation order certifying the dates of the commencement and the end of the journey of the Insured Person or other certification documents (for all insured events),
- declaration issued by the Insured Person to his or her doctor relieving the doctor from the secrecy obligation (for insured events described in subsection VIII.1 of the policy),
- in the case of an insured event relating to diving the Accident Questionnaire introduced by the Hungarian Divers Federation, properly filled out (for insured events described in subsection VIII.1 of the policy),
- original invoice/receipt, preferably to the name of the owner, certifying damaged pieces of property in the case of damage to luggage (for insured events described in subsection XI.2.12 of the policy),
- original invoice/receipt, preferably to the name of the owner, certifying repairs of items used for storing luggage (for insured events described in subsection XI.2.12.b) of the policy),
- detailed telephone bill (for insured events described in subsection XI.2.15),
- declaration on the existence of multiple insurance contracts (for all insured events),
- in the event of theft of a mobile phone, a certificate from the service provider on cancelling the phone number/phone card and requesting a new phone number/phone card,
- the original decision imposing an official quarantine (for events of damage described in point XIV.3 of the policy),
- financial proof of the travel and accommodation expenses paid, together with the corresponding tickets and vouchers (for the loss described in point XIV.3 of the policy),
- the contract for the rental of a rented vehicle (for the loss described in point XIII.3 of the policy),
- the pet vaccination book and the original invoice for the accident veterinary payment (for the loss described in point XII of the Policy).

However, the person having the right to enforce the claim shall always be entitled to present any further piece of evidence considered to be necessary for enforcing its claim in accordance with the general rules on the furnishing of proof.

XVII. THE DUE DATE OF THE SERVICE

1. The organisation services shall be commenced by the Assistance service provider immediately upon notification. The Insurer shall pay the medical and hospital charges for the services organised by or agreed in advance with the Assistance service provider, directly to the doctor or the health institution, provided that they submit their invoiced directly to the Insurer.
2. Insurance compensations shall be paid by the insurer within 30 days of receipt of the necessary documents.
3. Claims relating to the insurance contract shall lapse upon the passage of 5 years after the date of the insured event.

XVIII. CLAIM OF REFUND, CLAIM FOR REIMBURSEMENT

1. If it is found after the provision of the Insurer's service that the Insurer would not have been obliged to provide the service under this policy, the Insurer may claim refund of the amount reimbursed or the cost of the service provided, except for life saving emergency interventions.
2. If the same interest is covered by multiple insurers independently of each of the others, the Insured Person shall be entitled to submit its claim to one or more of such insurers.
3. In regard to the insured property and services certified with invoices the Insurer to which the claim for compensation was submitted shall make payment in accordance with the terms and conditions specified in the document it has issued in proof of coverage, up to the sum insured specified in such document, reserving the right to claim proportionate reimbursement from the other insurers.
4. The Insurers shall, on the basis of the claim for indemnification described in Section XVI.3, share the paid indemnity between themselves on the terms and conditions and under the sums insured, in accordance with which each Insurer would be liable to the Insured separately.

XIX. CONFIDENTIALITY OBLIGATION

Under the authorisation granted in Act LXXXVIII of 2014 on the Business of Insurance (hereinafter: Insurance Act) the Insurer shall process data qualifying as insurance secrets. The Insurer may process personal data, during the term of the insurance contract and during the period during which any claim may be enforced in relation to the insurance relationship.

All data available to the insurer, the reinsurer, the insurance broker – not containing classified data – relating to the personal circumstances, financial position, financial management of or to contracts concluded with the insurer or the reinsurer by customers of the insurer, reinsurer, insurance intermediary, including the injured party, shall qualify as insurance secret.

Section 135 of the Insurance Act

- (1) The insurer or reinsurer shall be entitled to process such data – qualifying as business secrets – of its customers that are related to the insurance contract, its conclusion, registration and the services provided in relation to the insurance contract. The purpose of such data processing may only be related to the conclusion or modification of the insurance contract, keeping the insurance contract in the portfolio or assessment of claims stemming from the insurance contract or some other purpose as specified in this act.
- (2) Data processing for any purpose other than as specified in paragraph (1) shall be permitted for the insurer or the reinsurer only with the customer's prior consent. The customer shall suffer no disadvantage as a consequence of his/her refusal to grant such consent and no advantage may be provided for the customer in exchange for granting such consent.
- (3) In regard to insurance secrets the owners, managers, employees of the insurer or reinsurer as well as others acquired such secrets in any way in the course of their activities relating to the insurer shall – unless otherwise provided by law – be under a secrecy obligation without limitation in time.

Section 136 of the Insurance Act

Data relating to the customer's health status, specified in Act XLVII of 1997 on the processing of Health and Related Personal Data (Eüak.), may only be processed by the insurer for the purposes specified in Section 135 (1) of the same Act, exclusively with the express consent of the person concerned.

Section 137 of the Insurance Act

Insurance secrets may only be released to a third person, if:

- a) the customer of the Insurer or the reinsurer or the customer's representative grants exemption from the secrecy obligation in writing, exactly specifying the insurance secrets that can be disclosed,
- b) no secrecy obligation applies under the Insurance Act,
- c) the certification body, commissioned by the insurer or reinsurer, and its subcontractor shall receive such data during the certification procedure.

Section 138 of the Insurance Act

- (1) The obligation to keep insurance secrets does not apply to:
 - a) Magyar Nemzeti Bank (hereinafter: Supervisory Authority) acting within its powers;
 - b) the body conducting the preparatory procedure, the investigating authority and the prosecutor's office,
 - c) the court or the expert appointed by the court in criminal cases, civil litigious or non-litigious proceedings or administrative proceedings, as well as the independent court bailiff in enforcement procedures, the receiver proceeding in a bankruptcy procedure, interim receiver in a liquidation procedure, extraordinary receiver, liquidator, the main creditor acting in natural persons' debt settlement procedures, the Family Bankruptcy Protection Service, the family trustee and the court,
 - d) notary public proceeding in relation to probate cases, as well as the expert appointed by the notary public,
 - e) the tax authority in cases specified in paragraph (2),
 - f) the national security service proceeding in its scope of duties,
 - g) the Competition Authority, acting in its scope of duties,
 - h) the guardianship authority acting in its scope of duties,
 - i) the state administration body in charge of the health sector, as specified in Section 108 (2) of Act CLIV of 1997 on Health,
 - j) where the statutory criteria and conditions are met, the body authorised to carry out intelligence information gathering,
 - k) reinsurers and other enterprises belonging to the group, and in the case of co-insurance the underwriting insurers,
 - o) in regard to data required for outsourced activities the person performing the outsourced activity, and – in relation to data required for the performance of auditors' tasks – the auditor,
 - p) in the case of branch units – if the conditions pertaining to data processing meeting the requirements prescribed by the Hungarian legal regulations are met in relation to every single piece of data and the state in which the registered office of the third country insurer is located has a statutory regulation in place meeting the requirements prescribed by the Hungarian statutory regulations – third country insurers and insurance intermediaries,
 - q) commissioner of fundamental rights, acting in his or her scope of duties,
 - r) the Hungarian National Authority for Data Protection and Freedom of Information acting in its scope of duties,
 - s) the insurer in regard to claim history data specified in the Minister's decree on the bonus-malus system, the categorisation in that system and the detailed rules on the certification of cases of claim, in the cases regulated in the same decree,

- t) in the case of insureds availing themselves to the support granted to the premium under their agricultural insurance contracts the body assessing agricultural damage, the agricultural administrative body, the body in charge of the mitigation of agricultural damage and the institution producing economic analyses under the management of the minister headed by the minister responsible for the agricultural policy,
- u) the authority keeping the registry of liquidator organisations
- v) MABISZ in respect of the data provided on the e-reporting interface under the MTPL Act for the operation of the claim reporting application, the collection of the necessary information related to the insured event and the transmission of this information to insurers for the purpose of settling

claims, if a body or person referred to in paragraphs a)–j), n), s), t) and u) turns to them in relation to data processing or with a written request specifying the name of the customer or the identification of the insurance contract, the types of the requested data and the purpose and legal grounds of the request for data, providing that the body or person referred to in paragraphs p)– s) only needs to specify the type of the requested data, the purpose and legal grounds of the request for data. Specification of the provision of the relevant piece of legislation granting access to the data qualifies as certification of the purpose and the legal grounds.

- (2) Pursuant to Section 1 (1) e) the obligation to keep the insurance secret does not apply when in relation to some specific matter of taxation the insurer is – under the tax authority’s instruction – under an obligation to issue a declaration concerning issues specified by the relevant statutory regulations or supply data concerning a taxable payment under an insurance contract, as prescribed in the relevant statutory regulations.
- (4) The insurer or the reinsurer may transmit customers’ personal data in the cases and to the organisations specified in paragraphs (1) and (6), Section 137, Section 140 and Section 141.
- (5) The obligation to keep the insurance secret applies to the employees of the bodies referred to in paragraph (1) as well, when acting outside the scope of the procedure.
- (6) The insurer or reinsurer shall – based on a request for data, or other written request from the national security service, the body performing the preparatory procedure, the investigating authority, the prosecutor’s office and the court – also provide written information immediately, when any data is obtained indicating that the insurance transaction
 - a) is related to drug abuse, abuse involving any new psychoactive substance, act of terrorism, misuse of explosive materials or blasting supplies, abuse involving firearms or ammunition, criminal act committed in criminal conspiracy or criminal organisation as specified in Act IV of 1978 that was in force up to 30 June 2013,
 - b) is related to drug trafficking, drug possession, incitement to drug abuse or the facilitation of the manufacturing of drugs, abuse involving any new psychoactive substance, act of terrorism, failure to report acts of terrorism, terrorist financing, misuse of explosive materials or blasting supplies, abuse involving firearms or ammunition, money laundering or criminal act committed in criminal conspiracy or criminal organisation as specified in the Criminal Code.
- (7) The obligation to keep insurance secrets does not apply when the insurer or the reinsurer fulfils its obligation to file a report or notification as specified in the act on the execution of financial and pecuniary restrictive measures ordered by the European Union and the UN Security Council.
- (8) Transmitting, in the course of a supervisory audit or inspection procedure in the case of group supervision, the group audit or inspection report to the leading member of the financial group does not qualify as a violation of insurance secrets or business secrets.

Section 139.

The obligation to keep insurance secrets does not apply to in the event that

- a) the Hungarian criminal investigation authority requests data qualifying as insurance secrets in writing in order to respond to a written request received from a foreign criminal investigation authority under an international commitment,
- b) when the national financial intelligence unit makes a written request for information – that is considered insurance secret – acting within its powers conferred under Act LIII of 2017 on the Prevention and Combating of Money Laundering and Terrorist Financing or in order to fulfil the written requests made by a foreign financial intelligence unit, and if the insurer or reinsurer fulfils its obligation in relation to the group anti-money laundering and anti-terrorist financing policy and procedure;

Insurance Act Section 140 of the Insurance Act

- (1) The insurer’s or reinsurer’s transmission of data to a third country insurer, reinsurer or data processing organisation shall not qualify as a violation of insurer secrets in the event that:
 - a) the customer of the insurer (hereinafter: data subject) has consented to such data transmission in writing, or
 - b) if, without the consent of the data subject, the transfer complies with the requirements for the transfer of personal data to a third country.
- (2) The provisions governing data disclosure within the domestic territory shall be observed when sending data that is treated as an insurance secret to another Member State.

Section 141 of the Insurance Act

- (1) The following do not qualify as a breach of the banking secret:
 - a) the supply of aggregated data from which it is not possible to establish the identity or business data of the individual customers,
 - b) in the case of branch units data transmission to the supervisory authority having competence over the registered office (principal place of business) of the undertaking having its registered office abroad, for the performance of its supervisory activities, if it meets the requirements laid down in the agreement between the Hungarian and the foreign supervisory authorities,
 - c) transmission of data not qualifying as personal data to the minister for the purpose of laying down groundwork for legislation and for impact assessments,
 - d) data transmission with the aim of complying with the provisions set out in the act on the supplementary supervision of financial conglomerates.
- (2) The insurer or reinsurer shall not refuse to transmit data referred to in paragraph (1) with reference to its obligation to protect insurance secrets.

Section 142 of the Insurance Act

- (1) Personal data contained in the data transmission registry shall be deleted after the passing of five years following data transmission or, in the case of the transmission of special data or data qualifying as criminal personal data, after the passing of twenty years.
- (2) The insurer or reinsurer shall not inform the person concerned of data transmissions pursuant to Section 138 (1) b), f) and j) and Section 138 (6).
- (3) The insurer and the reinsurer may process personal data during the term of the insurance, reinsurance or agency relationship and during the period in which any claim may be made and enforced in relation to the insurance, reinsurance or agency relationship.

Section 143 of the Insurance Act

- (1) An insurer or reinsurer may process personal data relating to an insurance contract that has not been executed as long as claims may be enforced in relation to the failure of the contract to be executed.
- (2) Insurers and reinsurers shall delete any and all personal data relating to its customers, former customers or contracts that have failed to be concluded, the objective of the processing of which no longer exists or for the processing of which the consent of the individual concerned is not available or for the processing of which there are no statutory grounds.
- (3) For the purposes of this act the processing of data relating to deceased persons shall be governed by the statutory regulations on the processing of personal data.
- (4) In relation to data that can be associated with a deceased person the individual's rights may also be exercised by the heir of the deceased person or the obligee specified in the insurance contract.

Rules applying to both insurance secrets and business secrets

Section 147 of the Insurance Act

- (1) In the case of the termination of an insurer or a reinsurer documents containing business secrets, managed by the insurer or reinsurer concerned, may be used for purposes of archive research after the passing of 60 years following the date of the document.
- (2) Relevant information shall not be withheld by reference to the protection of insurance secrets in the case of a data supply obligation relating to the publicity of data of public interest and data that are public in line with the interest of the public.
- (3) In other aspects the relevant provisions of the Civil Code and in Act LIV of 2018 on the Protection of Business Secrets shall be applied to business secrets and insurance secrets, as appropriate.

Data transfer for the protection of the risk pool

Section 149 of the Insurance Act

- (1) The insurer (hereinafter: requesting insurer) may, in the course of fulfilling its statutory obligations or those undertaken in the contract – in order to fulfil its obligations in accordance with the applicable statutory regulations and the provisions of the contract, in order to protect the interests of the members of the risk pool – submit a request to another insurer (hereinafter: requestee insurer) for data processed by the latter – in accordance with the provisions set out herein and in view of the characteristics of the insurance product – as identified in paragraphs (3)–(6), provided the requesting insurer's authorisation to do so is specified in the insurance contract.
- (2) The requestee insurer must provide the requester with the data specified in the request which is in conformity to the applicable statutory regulations, by the deadline specified in the request or, in the absence of such deadline, within 15 days of receipt of the request.
- (3) The requesting insurer may request the following data in relation to accident, illness and the performance of the contract in the life insurance sectors:
 - a) data identifying the contracting party, the insured and the beneficiary;
 - b) data on the insured's health status – of relevance to the insured risks – at the time of recording;

- c) data on earlier insured events involving the person identified in subparagraph a), in relation to the contract concluded in the segment specified in this paragraph;
 - d) data required for the assessment of risks that have emerged in relation to the conclusion of the contract entered into with the requestee insurer;
 - e) the data required for verifying the services to be provided on the basis of the contract concluded with the requestee insurer.
- (4) The requesting insurer may ask for the following information in relation to the performance of a contract in the categories of damage to vehicles, cargo, fire and natural damage, other damage to property, credit, suretyship and guarantee, miscellaneous financial losses, legal expenses, assistance:
- a) data identifying the contracting party, the insured, the beneficiary and the injured party;
 - b) data required for identifying the insured assets, receivables or rights and titles;
 - c) data on insured events that have occurred in relation to the assets, receivables or rights and titles specified in subparagraph b);
 - d) data required for the assessment of risks that have emerged in relation to the conclusion of the contract entered into with the requestee insurer:
 - e) the data required for verifying the services to be provided on the basis of the contract concluded with the requestee insurer.
- (7) The request made according to Subsection (1) shall contain the information necessary for the identification of the person, property or right defined therein, it shall specify the type of data requested and the purpose of the request. Such request and the supply of the requested data shall not qualify as violation of the insurance secret. The requesting insurer shall be responsible for ensuring that it has the right to request data as specified in subsection (1).
- (8) The requesting insurer may process the data received as a result of the request, for a period of request days after receipt.
- (9) If the data obtained by way of requesting are required for the enforcement or exercising of the rightful interests of the requesting insurer, the time frame for data processing specified in the above subsection (7) shall be extended until the closure of the procedure instituted in order to enforce the interest concerned.
- (10) If the data obtained by way of requesting are required for the enforcement or exercising of the rightful interests of the requesting insurer, and the procedure relating to the enforcement of the interest is not started during the year following the receipt of the data, the data may be processed for a period of one year following its receipt.
- (11) The requesting insurer shall notify the customer, to whom the request applies, of the fact of the request specified in subsection (1) and the fulfilment of the request as well as the data concerned, at least once during the insurance period concerned.
- (12) If the customer requests access to their personal data and the requesting insurer, with regard to the provisions of paragraphs 8 to 10, no longer processes the data concerned by the request, the applicant must be informed of this fact.
- (13) The requesting insurance company shall not be allowed to connect the data obtained through the request relating to an interest insured, with data it has obtained or processed, for purposes other than those provided for in Subsection (1).
- (14) The requestee insurer shall be responsible for ensuring the veracity and accuracy of the data provision specified in the request.

XX. INFORMATION ON THE PROCESSING OF PERSONAL DATA

The Policyholder, the Insured Person, the Beneficiary anyone who may lawfully claim the Insurer's services shall, for the purposes of this chapter, be regarded as the Insurer's customer in relation to the provisions on data protection (hereinafter: Customer).

Name:	Alfa Vienna Insurance Group Biztosító Zrt.
Székhelye:	Üllői út 1, H-1091 Budapest, Hungary
Its legal form:	private company limited by shares
Registered office and address:	Üllői út 1, H-1091 Budapest, Hungary
State of its registered office:	Hungary
Supervisory body:	Pursuant to Act CXXXIX of 2013 (Act on the National Bank of Hungary) the National Bank of Hungary (Magyar Nemzeti Bank) (Krisztina krt. 55, H-1013 Budapest, Hungary).
Annual report:	The Insurer must publish annual reports on its liquidity and financial position. The mandatory content of the report on 2016 will be accessible first in 2017 on the Insurer's website at (www.alfa.hu).

NAIH (Hungarian National Authority for Data Protection and Freedom of Information) data management IDs:
55534/2012-55547/2012; 55837/2012-55847/2012

XXI. COMPLAINT MANAGEMENT

The insurer shall ensure that the customer and consumer representative bodies (hereinafter collectively referred to in this point as “the customer”) may make a complaint, orally or in writing, about the conduct, activity or omission of the insurer, the agent acting on its behalf or the person acting as an additional intermediary on its behalf, in relation to a particular product, as set out below.

The insurer’s “Complaints Handling Policy” is available and can be consulted at our Customer Service Office in Budapest, at our Sales Points or on the insurer’s website: www.alfa.hu/ugyintezes/panaszbejelentes.html

Options to report complaints

Complaints can be made verbally in person or by telephone:

- a) **in person:** at any of the insurer’s premises open to its customers

Central Customer Service Office

Registered office: Üllői út 1, H-1091 Budapest, Hungary

Mailing address: Alfa Vienna Insurance Group Biztosító Zrt., Panasz és kiemelt ügykezelési csoport
Pf. 22, H-9401 Sopron, Hungary

Opening hours: Monday, Tuesday, Wednesday and Friday 8.00–16.00, Thursday 8.00–20.00

Points of sale

Addresses: www.alfa.hu/ugyintezes/ertekesitesi-pontok-ugyfelszolgalati-iroda.html, during the opening hours indicated in the link.

- b) **by telephone:** (+36) 1-477-4800, also from abroad, Monday from 7.00 to 19.00, Tuesday to Friday from 8.00 to 16.00.

The insurer’s staff will personally receive complaints from customers during office hours through the telephone customer service.

The insurer endeavours to ensure that calls are answered and dealt with within a reasonable waiting time when a customer makes a complaint by telephone. In this context, it shall act in such a manner as is reasonable for the insurer to expect in the given situation to provide a live voice response within 5 (five) minutes of the time when the call is successfully established.

Written complaints can be made via the following channels:

- a) **in person** or in a document submitted at premises open to customers in person or by a representative,

Central Customer Service Office

Registered office: Üllői út 1, H-1091 Budapest, Hungary

Mailing address: Alfa Vienna Insurance Group Biztosító Zrt., Panasz és kiemelt ügykezelési csoport
Pf. 22, H-9401 Sopron, Hungary

Opening hours: Monday, Tuesday, Wednesday and Friday 8.00-16.00, Thursday 8.00-20.00

Points of sale

Addresses: www.alfa.hu/ugyintezes/ertekesitesi-pontok-ugyfelszolgalati-iroda.html, during the opening hours indicated in the link.

- b) **by post** Alfa Vienna Insurance Group Biztosító Zrt., Panasz és kiemelt ügykezelési csoport , 9401 Sopron, Pf. 22

- c) **by fax:** (+36) 1-476-5791

- d) **electronically** through www.alfa.hu/ugyintezes/online-panaszbejelentes.html link online or on the complaint form at www.alfa.hu/ugyintezes/panaszbejelentes.html or at panasz@alfa.hu.

- e) **For data processing purpose electronically** at www.alfa.hu/adatvedelem page or by email sent to adatvedelem@alfa.hu.

XXII. LEGAL REMEDY FORUMS

If the complaint is rejected in whole or in part or if the 30-day statutory time limit for responding to the complaint has elapsed without a response, the customer may have recourse to the following redress procedures.

Legal remedies available to customers who qualify as consumers ***

In the event of a dispute relating to the conclusion, validity, legal effects and termination of the contract, or a breach of contract and its legal effects, the customer may refer the dispute to the Financial Arbitration Board or to the courts in accordance with the rules of the Code of Civil Procedure.

Financial Arbitration Board

Registered office: Magyar Nemzeti Bank, Krisztina krt. 55, H-1013 Budapest, Hungary

Customer service: Krisztina krt. 6, 1013 Budapest, Hungary

Mailing address: Magyar Nemzeti Bank, Pf. 172, H-1525 Budapest, Hungary

Phone: (+36) 80-203-776

E-mail address: ugyfelszolgalat@mnbb.hu

For more information please visit <https://www.mnbb.hu/bekeltes>.

Please be informed that Alfa Vienna Insurance Group Biztosító Zrt. has not made a general declaration of submission to the Financial Arbitration Board.

If the Insurer has not made a declaration of submission, but the customer's application is well-founded and the customer's claim to be enforced does not exceed one million HUF, either in the application or at the time of the decision to impose an obligation, the PBT may issue a decision to impose an obligation.

Court

A customer may – after filing his or her complaint with the insurer – turn to the court having jurisdiction and competence for legal remedy (www.birosag.hu).

In the event of a breach of the consumer protection provisions of Act CXXXIX of 2013 on the National Bank of Hungary concerning the conduct, activities and negligence of our company, a consumer may initiate a consumer protection control procedure with the

National Bank of Hungary

Magyar Nemzeti Bank – Pénzügyi Fogyasztóvédelmi Központ

Registered office: Magyar Nemzeti Bank, Krisztina krt. 55, H-1013 Budapest, Hungary

Customer service: Krisztina krt. 6, H-1122 Budapest, Hungary

Mailing address: Magyar Nemzeti Bank, BKKP P.O. Box 777, H-1534 Budapest, Hungary

Phone: (+36) 80-203-776

Financial customer protection e-mail address: ugyfelszolgalat@mnbb.hu

For more information please visit: www.mnbb.hu/fogyasztovedelem.

A customer qualifying as consumer may request the transmission of the "Request" form for use as a basis of the procedure to be instituted before the Financial Arbitration Board or the Consumer Protection Proceedings.

The form may be requested as follows: Telephone: (+36) 1-477-4800

By post: Alfa Vienna Insurance Group Biztosító Zrt.
Panasz és kiemelt ügykezelési csoport
Pf. 22, H-9401 Sopron, Hungary

By e-mail: panasz@alfa.hu

The insurer transmits the form verifiably, free of charge, by e-mail or by mail as requested by the customer.

The Insurer makes available the forms on its website at www.alfa.hu/ugyintezes/panaszbejelentes.html#nyomtatvanyok and at its premises open to its customers.

Online dispute resolution platform

A platform for the out-of-court resolution of disputes between consumers residing in the European Union and service providers established in the European Union regarding obligations arising from online service contracts, including consumer financial disputes related to online contracts.

Through the online dispute resolution platform, a consumer can initiate an out-of-court settlement of the dispute online with a dispute resolution forum of their mutual choice. In Hungary, the Financial Consumer Disputes Conciliation Board is authorised to settle consumer financial disputes.

The website of the online dispute resolution platform is: <http://ec.europa.eu/odr>

Remedies available to customers who do not qualify as consumers

A customer not qualifying as a consumer may – after filing his or her complaint with the insurer – turn to the competent court for legal remedy (www.birosag.hu).

*** Consumer means a natural person acting for purposes other than his/her own independent occupation and economic activity.

Remedies available in the event of complaints concerning the processing of data by the Insurer

In the event of a data protection complaint concerning the processing of data by the Insurer, if the customer does not agree with the response of the Insurer to the data processing complaint, the customer may, within 30 days, take the matter to court or, if the complaint relates to the refusal of the Insurer to provide information, rectification, blocking or erasure in connection with data processing, to the National Authority for Data Protection and Freedom of Information.

Hungarian National Authority for Data Protection and Freedom of Information

Registered office: Falk Miksa utca 9-11, H-1055 Budapest, Hungary

Mailing address: P.O. Box 9, H-1363 Budapest, Hungary

Phone: (+36) 1-391-1400

E-mail: ugyfelszolgalat@naih.hu

For more information please visit the www.naih.hu website.

Effective date: 1 August 2023

ALFA VILÁGLÁTÓ TRAVELLERS INSURANCE CONTRACT SERVICE AND PREMIUM TABLE
(Available with “SZLALOM”, “AKTÍV”, “COVID-19” and “GÉPJÁRMŰ ASSISTANCE” supplements)

Effective date: 1 August 2023

Name of services		Maximum service per person and per insured event		
		Silver (Ezüst)	Gold (Arany)	Platinum (Platina)
MEDICAL COSTS, TRAVEL ASSISTANCE				
Permanent telephone assistance service, medical assistance by telephone in Hungarian		0–24 h	0–24 h	0–24 h
In the case of accident – illness, organisation of emergency medical care, mountain rescue, helicopter rescue and transport of the patient, and cost reimbursement		HUF 30,000,000	HUF 70,000,000	HUF 150,000,000
In the case of a chronic illness, organisation of emergency medical care and cost reimbursement		–	HUF 1,000,000	HUF 2,000,000
Emergency dental treatment		HUF 75,000	HUF 125,000	HUF 175,000
Organisation of transport of sick or injured person back home, reimbursement of its costs		Actual costs		
Commissioning of driver to drive passenger car back home		HUF 100,000	HUF 200,000	HUF 300,000
Organisation of stay abroad as necessitated by illness or accident, reimbursement of its costs, for up to a maximum of 15 days		HUF 100,000	HUF 150,000	HUF 200,000
Search, rescue, in case the Insured Person has gone missing		–	HUF 500,000	HUF 2,000,000
In the case of SZLALOM supplementary winter sports coverage, search, rescue, in case the Insured Person has gone missing, an additional		HUF 1,000,000	HUF 2,000,000	HUF 3,000,000
Daily hospital cost reimbursement (for not more than 15 days, if hospital treatment was not provided to the debit of this insurance)		–	15,000 HUF/day	20,000 HUF/day
Transporting the family home		HUF 100,000	HUF 300,000	HUF 1,000,000
Visiting the sick or injured (1 person)		HUF 50,000	HUF 100,000	HUF 200,000
Travel home before scheduled date		HUF 50,000	HUF 100,000	HUF 200,000
Reimbursement of the costs of repatriating the body or arranging and paying for a funeral abroad		Actual costs		
BASIC AND SUPPLEMENTARY SERVICES RELATING TO COVID-19 INFECTION				
Basic service	Organisation and reimbursement of the costs of a) emergency medical treatment, b) patient transport, c) transport home relating to Covid-19 infection	HUF 5,000,000	HUF 15,000,000	HUF 25,000,000
	Additional accommodation and travel expenses arising in connection with quarantine ordered due to a Covid-19 infection or contact of the Insured	–	HUF 250,000	HUF 350,000
Optional supplementary services	Expenses arising due to an epidemic emergency, related to immediate travel home	HUF 100,000	HUF 150,000	HUF 250,000
	Reimbursement of additional costs due to quarantine measures	HUF 100,000	HUF 150,000	HUF 250,000
SERVICES THAT MAY BE PROVIDED IN RELATION TO ACTS OF TERRORISM				
Costs of emergency medical treatment		HUF 50,000,000		
Costs of transport of the injured person home		HUF 50,000,000		
Costs of transport of dead body home		HUF 50,000,000		
CONVENIENCE SERVICES				
Replacement of documents		HUF 20,000		
Reimbursement of telephone costs		HUF 10,000	HUF 20,000	HUF 30,000
Assistance for disabling bank cards and SIM cards, Weather forecast, Route planning		information provision		
Interpreter's cost		HUF 10,000	HUF 15,000	HUF 20,000
Pet insurance		–	HUF 40,000	HUF 60,000
LUGGAGE RELATED SERVICES				
Damage to luggage		HUF 150,000	HUF 350,000	HUF 450,000
Limit per item		HUF 20,000	HUF 50,000	HUF 100,000
Limit per item in the case of Kütyü Plusz supplementary cover		–	HUF 250,000	HUF 300,000
In the case of the SZLALOM supplementary winter sports insurance contract, within the limit on damage on luggage, for skiing equipment insurance, other than the per item limit		HUF 100,000	HUF 200,000	HUF 300,000
In the case of supplementary SZLALOM winter sports insurance, ski pass insurance		HUF 20,000	HUF 60,000	HUF 100,000
In the case of the AKTÍV supplementary insurance contract, within the limit on damage on luggage, for diving equipment insurance, other than the per-item limit		HUF 100,000	HUF 200,000	HUF 300,000
In the case of the AKTÍV supplementary insurance, bicycle insurance premium within luggage-related loss, other than the per item limit		HUF 120,000	HUF 200,000	HUF 280,000
Delayed luggage	beyond 6 hours	–	HUF 10,000	HUF 20,000
	beyond 12 hours	–	HUF 25,000	HUF 40,000
In the case of flight/service delay		–	–	HUF 40,000
Missed flight/service		–	HUF 80,000	HUF 250,000
Suitcase repair cost		–	HUF 15,000	HUF 20,000
Beach theft		–	HUF 20,000	HUF 25,000
LEGAL AID, LIABILITY INSURANCE				
Reimbursement of costs of legal assistance services (lawyer's cost, duty, procedural expenses)		–	HUF 2,000,000	HUF 4,000,000
Advancement of bail		–	HUF 500,000	HUF 1,000,000
Hotel liability insurance		–	HUF 100,000	HUF 200,000
Liability insurance		HUF 500,000	HUF 3,000,000	HUF 6,000,000
In the case of SZLALOM winter supplementary sports insurance, skiers' liability insurance		HUF 1,000,000	HUF 2,000,000	HUF 3,000,000

Name of services	Maximum service per person and per insured event			
	Silver (Ezüst)	Gold (Arany)	Platinum (Platina)	
ACCIDENT INSURANCE				
Sum insured upon death due to accident	HUF 3,000,000	HUF 4,500,000	HUF 6,500,000	
Sum insured upon death in an aviation disaster, in addition to the sum insured for death due to accident	HUF 2,000,000	HUF 5,000,000	HUF 8,000,000	
Sum insured upon permanent health impairment resulting from an accident, upon a 100% impairment	HUF 4,000,000	HUF 8,000,000	HUF 11,000,000	
PASSENGER CAR AND MOTORCYCLE SUPPLEMENTARY INSURANCE CONTRACT				
Maximum service per passenger car/ motorcycle and per insured event				
In the case of a passenger car or motorcycle older than 15 years the amount payable as service provision shall not exceed 50% of the maximum amounts listed below, except for the transportation of the vehicle home				
Emergency on-site repair of passenger car or motorcycle	HUF 150,000			
Transportation and repair of passenger car or motorcycle to nearest repair shop	HUF 150,000			
Repatriation of passenger cars and motorcycles for vehicles up to 15 years old	HUF 500,000			
Repatriation of passenger cars and motorcycles for vehicles older than 15 but no more than 20 years old	HUF 200,000			
In the case of transport of passenger car or motorcycle back home, reimbursement of the Insurers' costs of travel home	HUF 100,000			
Storage of passenger car or motorcycle (up to 3 days): reimbursement of related costs of travel home	HUF 20,000			
Reimbursement of the cost of accommodation during the repair the passenger car or motorcycle	HUF 100,000			
Tyre puncture	HUF 50,000			
SURCHARGES AND PREFERENTIAL TERMS AND CONDITIONS				
Territorial scope surcharge outside Europe and the countries to which no surcharge is applicable	USA, Canada: +200%, other Global: +50%			
Surcharge for Insured Person over the age of 70	+100%			
Surcharge that may be charged, in the case of a family trip*	upt to +10%	—	—	
Surcharge that can be charged, in the case of journey over 13 days*	upt to +20%	—	—	
Discount for Insured Person below the age of 18	-50%			
Family discount (in the case of 1-5 adults, 1-5 children – not more than 9 persons – travelling together, for those over 18 years of age)	-20%			
Discount for Insured Persons travelling in a group (applicable in the case of a group of at least 10 persons, if each member of the group is over 18 years of age)	-5%	-10%	-15%	
Surcharge payable for Kütyü Plusz supplementary coverage for devices	—	+10%	+10%	
Additional premium for Covid-19, per person and per day	HUF 200	HUF 300	HUF 400	
Basic insurance premium, per person and per day, in EUROPE	HUF 550	HUF 750	HUF 960	
Basic insurance premium, per person and per day, in EUROPE, for the SZLALOM supplementary insurance	HUF 670	HUF 940	HUF 1.190	
Basic insurance premium, per person and per day, in EUROPE, for the AKTÍV supplementary insurance	HUF 660	HUF 900	HUF 1.150	
Premium for ASSISTANCE supplementary coverage (up to a period of 31 days)	Fixed premium for 1-3 days	HUF 2.250		
	Over 3 days, a daily premium of	HUF 750		
Annual pass	Effective in the territory of Europe, for a single stay of max. 30 days	HUF 26.000	HUF 35.000	HUF 50.000
	Effective in the territory of the World, except the U.S.A and Canada, for a single stay, up to 30 days	HUF 39.000	HUF 52.500	HUF 75.000
	Student pass, in Europe, for a single stay, up to 180 days	HUF 39.000	HUF 53.000	HUF 75.000

* For detailed information on surcharges and discounts visit www.alfa.hu/hirek.