

Effective date: 15 July 2025

I. 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. 01-10-041365. Tax number: 10389395-4-44
Registered office: 1091 Budapest, Üllői út 1.

2. Assistance provider

The organisation commissioned by the Insurer in the framework of an operation outsourced by the Insurer, proceeding for and on behalf of the Insurer: Global Assistance Kft. (1082 Budapest, Baross utca 1., Company registration number: 01-09-660638)

3. Policyholder

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 Policyholder may only be a person with permanent residence or permanent establishment located in Hungary.

4. Insured

The natural person named by the Policyholder 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) cannot not be changed after the risk inception date.

- 4.1. Persons who have reached the age of 90 or, in the case of an annual pass, 70 on the day before the start of the journey, cannot be insured.
- 4.2. To be covered by this insurance as an Insured one must have a registered permanent address of residence in Hungary or a valid residence permit for Hungary and general social insurance coverage which is valid in the territory of Hungary.
- 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 cannot be Insured.
- 4.3.1. Persons working abroad cannot be Insured, except for those engaged in non-physically demanding intellectual activities.
- 4.3.2. Any derogation from Sections 4.3 and 4.3.1 is permitted with 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 claim event occurred cannot be Insured.

5. Beneficiary

Pursuant to the terms and conditions set out herein the Beneficiary himself is the beneficiary in regard to all of the insurance services due 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. No beneficiaries may be designated under this travel insurance contract.

II. DEFINITION OF TERMS USED IN THE CONTRACT

1. Journey

The trip taken by the Insured to the area outside his or her permanent residence in Hungary, including the trip to, the stay in, and the trip back from, such area.

2. Country of residence

The country where the Insured has their official and registered permanent residence or valid residence permit.

3. European Health Insurance Card (hereinafter: EHIC)

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 (EHIC)

4. Close relative

The spouse, direct line relatives, adopted, step and foster children, adoptive, step and foster parent and siblings.

5. Relative

A 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. From an insurance perspective, only amateur, recreational sports activities may be covered. Competitive and professional sports activities cannot be insured under these terms and conditions.

7. Data subject

An identified or identifiable natural person.

8. Personal data

Any information relating to an identified or identifiable natural person (hereinafter data subject). Such information is, in particular an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

9. Name of the assistance provider

The Assistance provider always endeavours to organise appropriate assistance to the best of its ability; however, the time required to organise the service will depend on the location and time of the incident, as well as the availability of local service providers.

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;
- snowboarding,
- sleighing;
- ice-skating;
- ice-sailing;
- chair-skating.

11. Winter sports equipment

Equipment, clothing and protective equipment used in winter sports activities (skis, snow-boards, the required boots, ski poles, ski dress, 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. Summer sports activity

Physical exercise performed under summer weather conditions, 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 Insurer considers cycling, fishing, diving and all other summer sports activities that do not require training, a high level of technical knowledge or practice to be such activities.**

13. Summer sports equipment

Diving equipment, bicycles (including electric bicycles), fishing equipment.

14. 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.

15. Diving equipment

Under this contract, only the following is considered to be diving equipment: breathing apparatus, buoyancy compensator, dive computer and accessories.

16. Cycling

A recreational activity performed on a bicycle or electric bicycle while wearing a helmet and on a designated route.

17. Motorcycle

For the purposes of these terms and conditions, a bicycle is defined as a vehicle with at least two wheels that is powered by a battery and/or human power. **Bicycles for professional use (racing bikes or bikes for commercial use) are not insured.**

18. Fishing

Catching fish in the water area for recreational purposes in accordance with the regulations.

19. Fishing equipment

All permitted tools and accessories suitable for catching fish in the water area for recreational purposes in accordance with the regulations. For insurance purposes, the Insurer understands fishing equipment to mean the following named equipment:

- fishing rod,
- fishing reel,
- fishing chair and fishing bed,
- fish radar,
- feeding boat,
- other equipment above HUF 10,000 unit value

20. Specified technical articles

The Insurer shall only consider the technical articles listed here as specified technical articles:

- photo camera,
- camera, tablet,
- portable computer
- mobile phone:

21. Annual pass

The insured person under a yearly pass may be a natural 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.

22. Annual student pass

The annual student pass is not available in the World Traveller product.

23. 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, 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.

24. Pet

A healthy dog (*Canis familiaris*) or cat (*Felis silvestris catus*) owned or kept by the Insured Person, vaccinated as prescribed by the effective and applicable animal health regulations, provided it is at least 6 months old at the time of the commencement of the journey. The insurance coverage shall apply only to pets carried abroad in possession of the relevant official permits, after purchasing of the Gold or Platinum package.

25. Service and premium table

A table forming an integral part of these terms and conditions (last pages), in which the Insurer sets out the upper limits of compensation for each risk (within which the actual amount of the claim may be paid), as well as the values of each package, riders, annual passes and adjustment factors. The Insurer shall determine the maximum amount of compensation for insured events in accordance with this Service and Premium Table.

III. NATURE OF THE CONTRACT

The contract, which may be concluded by a consumer or a non-consumer as the Policyholder, is classified under non-life insurance, other property damage. If the contract is not concluded by a consumer, by accepting the terms and conditions, they acknowledge that the Insurer will manage the contract in accordance with the rules set out in the Civil Code for consumer insurance contracts, which are mandatory and unilateral in favour of the Policyholder and the Insured.

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 unless otherwise agreed.
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. ESTABLISHMENT 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. In case 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 discontinuation of the contract neither the Policyholder, nor the Insured shall have any further rights or entitlements, in view of Section XVII. 3.
4. In the event of any changes in the legal provisions on tax relief or tax credit available in connection with insurance contracts, after the conclusion of such contracts, the Insurer shall have the right to present a proposal within sixty days after the effective date of the legislative changes for the amendment of the insurance contract or the related standard contract terms and conditions so as to reflect changes in the legislative environment and to update the contract to bring the relevant terms in line with the conditions for claiming said tax relief or tax credit. In the absence of the Policyholder's refusal to accept the amendment proposal within thirty days from the time of receipt of notice thereof, the contract shall be amended subject to the terms and conditions set out in the amendment proposal effective as of the time when the relevant legislative changes enter into force. The Policyholder's refusal to accept the amendment proposal shall not serve as grounds for termination of the contract by the Insurer.
5. This contract is governed by Hungarian law and by the provisions of the laws of the Member States of the European Union which are directly and bindingly applicable. With regard to any issue not regulated in the insurance terms and conditions, the provisions of the applicable laws and regulations, in particular, but not limited to, Act V of 2013 on the Civil Code (Civil Code) and Act LXXXVIII of 2014 on the Business of Insurance (Insurance Act) shall be applied. If there is any change in legislation and it results in any discrepancies between the provisions of these terms and conditions and the mandatory provisions of the legislation in force, the legislation in force shall prevail. The Insurer shall not be obliged to inform the Policyholder of any changes in legislation.
6. If the period of the insurance cover specified in the Insurance Policy is shorter than 30 days it is possible to back out of the insurance contract on the last day preceding risk inception at the latest, if it is proven that the occurrence of the insured event is no longer possible. Backing out of the insurance contract and refunding the insurance premium shall require the Policyholder's written consent, and a written declaration, in which they state that they shall make no claim for service on the Insurer under the Insurance Contract.
7. In the case of insurance for a period of 30 days or longer, after the commencement of risk coverage, if the insurance contract is terminated by mutual agreement, the difference between the Insurer's actual risk and the premium for the original term may be refunded. Actual risk period: the period of time between the inception date and the last covered date specified in the document of termination of the insurance contract (in the case of termination it may not be sooner than the date of termination). The declaration on the waiver of claim enforcement referred to in the above paragraph shall always be submitted.

VI. THE TERM AND SCOPE OF THE CONTRACT

1. Risk period

- 1.1. The contract is for a fixed term. The risk inception date and the date of the end of the term of insurance shall be specified in the insurance contract. The maximum duration of the insurance may be 90 days. 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 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 is returned home by the service arranged by the Assistance service provider. The risk cover period shall be extended by the Insurer upon the Policyholder's request 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 Insurer 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 the application of a territorial surcharge, the Insurer's cover extends exclusively to insured events occurring in countries outside Europe that are not classified as World 1 or World 2 countries. Countries in the World 1 category: USA, Canada, Mexico, Australia and New Zealand, countries in the World 2 category: Tanzania, Dominican Republic and Thailand). With the application of a territorial surcharge, the insurance cover can be extended to countries classified as World 1 and World 2.

The cover shall, in the case of an annual pass, apply to insured events occurring in the geographical areas of the countries outside Europe (except the World 1 and World 2 countries). The annual pass may not be bought for the countries classified as World 1 and World 2 even in exchange for a surcharge.

- 2.2. **Restriction of the territorial scope: apart from the accident cover, referred to in section XI.3, the risk cover 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 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 the accident insurance service described in Section XI.3.
- 2.3. **Rate of the territorial surcharge**
 - USA, Canada, Mexico, Australia and New Zealand (World 1 countries) 500%
 - Tanzania, Dominican Republic and Thailand (World 2 countries) 20%

VII. 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 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 luggage

Damage during the trip exclusively as a consequence of:

- natural disaster;
 - theft;
 - robbery,
 - bodily injury relating to accident requiring medical assistance in which the Insured was involved
- to baggage and/or clothing owned and carried by the Insured from the country of his permanent residence.

VIII. EXCLUSIONS

1. GENERAL EXCLUSIONS

- 1.1. **The following types of damage shall not qualify as insured events, for which the Insurer shall provide no services, if they occurred outside the Insured Person's country of permanent residence in a country that has been categorised by the Government of Hungary as a high risk country or one in which conditions of war were already prevailing at the time of the Insured'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 for their personal injury if it occurred within 14 days of the commencement of the above events, the Insured was not an active participant of such actions but the Insurer shall not pay indemnification for damage to property items that occurred in such cases, either.
- 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;
 - costs of transport of the injured person home up to HUF 50,000,000, per Insured;
 - costs of transport of the dead body home up to HUF 50,000,000, per Insured;
 - accidental death due to an act of terrorism, up to the amount specified in the table of services for each Insured;
 - reimbursement of damage to luggage due to an act of terrorism, up to the amount specified in the table of services for each Insured;
- 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: confiscation, seizure, nationalisation, destruction 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 the relevant Hungarian regulations shall not qualify as insured events (except for the prior permission described in Section 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/or for any exemplary compensation for wrongdoing that has been incurred by such violations (except for those stated in Section 1.1)**
 - 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 shall provide no services for them, along with accidents occurring in the course of preparations for such sports competitions or during training.**
 - 1.10. **In addition to the sports activities specified in Chapter II, Sections 12–21, the Insurer shall not provide any services in relation to the following: In particular:**
 - 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 designated bicycle roads or lanes, or on public roads in breach of the applicable regulations,
 - hiking with the help of special equipment (e.g., 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, pay claims or provide services if, by providing such cover or paying claims, the Insurer would not be contrary to 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 they do not breach any regulations or national laws applicable to the Insurer).**
- 2. Regardless of the above exclusions the Insurer covers risks:**
- concerning any ad hoc sports type activities provided in the way of 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).

IX. 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,**

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 policyholder proves that the circumstance withheld or not reported had been known to the Insurer at the time of the Statement of Joining or that it did not contribute to the occurrence of the insured event;
- upon breach of the obligation to report the occurrence of the insured event, or the obligation to cooperate (see Chapter X).

[VL1] megjegyzést írt: X.

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

1. Information relating to claim reporting and claim settlement

The Insurer shall bear no liability in case the Policyholder or the Insured fails to report the claim within the time limit specified 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 must be reported to the Assistance service provider's 24-hour telephone number (+36-1-477-4900) without delay, but no later than 24 hours after the event, if there is an objective possibility to do so. 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, in order to enable the clarification of all of the circumstances of relevance to the damage.

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 – 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.

If the declarations made by the Policyholder or the Insured to the Insurer are unreasonably different or if the reasonable or factual grounds for the difference are not justified, the Insurer shall accept the declaration made earlier as true.

2. Provisions concerning the insurance services

2.1. Costs proven by receipts/invoices

- 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.
- If in the country being visited the Insured 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 following the arrival, the Insurer shall reimburse the cost of the Insured's premature trip home or such costs shall be reimbursed, up to a maximum of HUF 500,000.
- 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 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 received.
- 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.
- 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.

22. **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**.

23. **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, Emergency medical care is defined as immediate, indispensable medical intervention, the omission of which would endanger the life or physical integrity of the patient or injured person or cause further serious damage to their health.
- in case 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.
- 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 illnesses" line of the Service and Premium Table.

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

The Insurer will not reimburse the 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 of or over 70 years of age,
- incurred in the course of the Insured's convalescence and rehabilitation treatment,
- incurred in the course of the Insured'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 vaccinations to prevent illnesses,
- 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's mental condition, depression or alcoholism.
- The Insurer shall not reimburse any permanent health impairment specified in Section 3.2 which does not correspond to the health impairments listed in the table, either in terms of type or according to the International Classification of Diseases (ICD).

24. **Chronic disease**

A long-term illness of the Insured Person that was already known and diagnosed prior to the conclusion of the insurance contract.

25. **Emergency dental treatment**

Emergency dental care provided during the term of the insurance to eliminate or reduce acute pain that occurs unexpectedly.

26. **Transportation home**

Organising repatriation to the place of residence or place of stay in Hungary of sick or injured persons and reimbursement of the costs incurred.

27. **Forced stay abroad of the Insured**

In the event of the Insured's illness or accident requiring them to stay abroad, the Insurer shall organise and bear the costs of the Insured's stay abroad for the period necessary for recovery or return home, but for a maximum of 15 days, up to the amount specified in the Service and Premium Table.

28. **Search, rescue**

In the case of the Insured Person's disappearance as a consequence of accident or illness (VII.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.

[VL2] megjegyzést írt: VII.

28.1. **Reimbursement claim 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.

29. **Daily hospital cost reimbursement**

In case 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's EHIC or
- some other insurance cover,

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.

210. **Accommodation costs for one family member during the hospital stay of the travel companion**

If, due to an accident or illness, the Insured requires hospitalisation at the place of the claim event, the accommodation costs of one close relative will be reimbursed up to the amount specified in the Service and Premium Table.

211. **Repatriation of a family or child**

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.

212. **Visiting of the sick or injured Insured**

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.

213. **Travel home before 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.

214. **Repatriation of a corpse or reimbursement of the costs of the funeral abroad**

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.

215. **Basic services available due to Covid-19 infection**
The organisation and reimbursement of the costs of emergency medical care, patient transport and repatriation in connection with Covid-19 infections, up to the amount specified in the Services and Premium Table.
216. **Emergency medical treatment, patient transportation, repatriation**
Emergency medical care is defined as immediate, indispensable medical intervention, the omission of which would endanger the life or physical integrity of the patient or injured person or cause further serious damage to their health.
Patient transportation refers to medically justified and necessary patient transportation; transportation home is only possible to Hungary, to the patient's/injured person's home address or place of residence.
217. **Accommodation and travel expenses incurred in connection with a quarantine ordered**
The Insurer commits itself to reimburse additional accommodation and travel expenses incurred in connection with the infection of the Insured by Covid-19 or quarantine ordered due to their contact, up to the amount specified in the Service and Premium Table.
218. **Terrorist acts**
The service provided by the Insurer covers care provided to the Insured during a terrorist attack, up to the extent of the risks specified in the Service and Premium Table.
219. **Costs of emergency medical treatment due to terrorist acts, costs of repatriation of the injured person or the corpse**
Service provided by the Insurer covers emergency medical care provided to the Insured in the event of a terrorist attack, repatriation of the injured, and repatriation of the deceased Insured's body up to the amount specified in the Service and Premium Table.
220. **Loss of luggage in the case of terrorist acts**
Service provided by the Insurer cover the reimbursement of the loss of luggage during a terrorist attack, up to the extent of the risks specified in the Service and Premium Table.
221. **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.
222. **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.
223. **Interpreter's cost**
In case command of the local language is necessary in relation to the insured event, the Insurer shall reimburse subsequently, based on an invoice, for the Insured 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.
224. **Pet insurance**
The Insurer shall reimburse the costs of the emergency veterinary treatment of the pet entailed by an accident, documented by invoice/receipt, in retrospect following the Insured Person's journey, up to the amount specified in the table of services.
The insurance shall not cover costs of treatment necessitated by the pet's ill health or its vaccination costs.
225. **Protection of the owned home (emergencies) during the stay abroad**
During the term of the risk cover of this contract, the Insured shall be reimbursed, against presentation of an invoice, for the costs of emergency services used in connection with unforeseeable pipe bursts or fires occurring in the Insured's own property registered as their permanent place of residence in Hungary, up to the amount specified in the Service and Premium Table, provided that such costs cannot be recovered from any other source.
226. **Returning home due to a natural disaster**
If the Insured is forced to interrupt their trip due to a natural disaster, the additional costs of returning home will be reimbursed up to the amount specified in the Service and Premium table, upon presentation of invoices.
227. **The cost of a TAXI providing emergency medical care is considered patient transport.**
228. **Emergency on-site repair of a bicycle**
Reimbursement of the costs of repairing (restoring to working order) the damaged bicycle at the place of damage, upon presentation of an invoice, up to the amount specified in the Service and Prmeium Table.

229. **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 or, if it cannot be repaired, its market value. The insurer shall pay the repair or **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 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. 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 in the case of specified technical articles. The depreciation of used property items and the calculation of the insurance payout are based on the following table:**

Depreciation of technical articles		Depreciation of cosmetics and medicine		Depreciation of other property items	
Following the purchase		Following the purchase		Following the purchase	
in the first year	- 25%	in the first year	- 50%	in the first six months	- 20%
after the first year	- 30%	after the first year	- 75%	between six months and one year	- 30%
after two years	- 35%	after two years	- 100%	after one year annually, following further	- 10%
after three years	- 45%	after three years			
after four years	- 55%	after four years			
after five years of more	- 80%	after five years of more			

- b) **Suitcase damage** – the Insurer shall pay the costs 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 4 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 representation of such 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 airliner 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. In the case of a final loss the Insurer shall provide a service if the air or water transport operator has admitted in writing the fact that it caused the damage and has partly refunded the Insured's claim for damages.
- d) **Flight delay** – if in the course of the Insured Person's trip, with an airline or shipping company or with representations of such and the airliner or the ship is at least 4 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 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 as specified in the airliner or ship as specified in the relevant timetable and the actual time of departure. **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.**
- 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.

230. **Exclusions and restrictions relating damage to**

luggage The Insurer shall not pay indemnification for damage:

- **caused to or in relation to valuable items carried along for the journey (e.g., precious metals, wristwatches, precious stones, jewellery, works of art, collection)**
- **to cash, cash substitute means of payment, securities, items providing entitlement to the use of services (tickets, season passes,**

stickers),

- to musical instruments,
- caused to bicycles, except when Supplementary Sports Insurance is purchased (see Chapter XIII).
- in sports equipment and gear, special sports clothing, particularly divers' outfit, skiing clothes, except when Supplementary Sports Insurance is purchased (see Chapter XII).

- in technical articles worth more than HUF 50,000 when new (apart from specific technical articles, (see section II.22.),
- caused to specified technical articles carried as luggage on a flight (see section II.22.),
- in tools and work equipment (except in the case of the work described in Chapter I, Section 4.3.2 and authorised by the Insurer; in such cases, the damage to tools and work equipment is covered up to the agreed limit),
- as a consequence of being dropped, or falling, or being lost,
- in data carriers or data stored in/on such,
- in the ignition key of a vehicle,
- in the event of damage caused by theft in the vehicle and in external storage containers belonging to the vehicle (e.g. roof box or trailer, etc.), the Insurer shall reimburse the damage to the extent specified in the Service Table, with a 50% excess, provided that the vehicle was locked at the time of the damage,
- objects placed in unlocked vehicles, as a consequence of theft, or objects during camping in places other than designated camp sites caused 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.
- damage caused as a result of a measure of the authorities.

231. Reimbursement of the cost of the ski pass only in the case of supplementary winter sports insurance

The Insurer shall reimburse the Insured for the proportionate part of the price of the ski lift or ski pass not used due to the insured event, falling within the insurance period, if the proportionate part not used due to the insured event is at least 3 days or longer and there is proof that the service provider does not refund the price of the ski pass..

232. Replacement cost of sports equipment (only in the case of a supplementary sports insurance)

- 2321. *When winter or summer sports supplementary insurance is purchased and the associated surcharge is paid,*** the Insurer shall pay the repair costs of sports equipment owned by the Insured that was damaged during the Insured Event or, if it cannot be repaired, its market value up to the amount specified in the Service and Premium Table.

The following sports equipment is covered:

- **Winter sports equipment** (ski boots, skis, snowboards, ski poles, ski clothing, ski goggles, protective helmets)
- **Scuba diving equipment:** (breathing apparatus, equilibration volume, diving computer and its accessories).
- **Bicycle** (a vehicle with at least two wheels that is powered by a battery and/or human power). Bicycles for professional use (racing bikes or bikes for commercial use) are not insured.
- **Fishing equipment:** all permitted tools and accessories suitable for catching fish in the water area for recreational purposes in accordance with the regulations. For insurance purposes, the Insurer understands fishing equipment to mean the following named equipment:
 - fishing rod,
 - fishing reel,
 - fishing chair and fishing bed,
 - fish radar,
 - feeding boat,
 - other equipment above HUF 10,000 unit value

The Insurer shall pay the market value of the Winter sports equipment, Diving equipment, bicycle, fishing equipment 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 insurance payout are based on the table in section 2.30 a):

2322. *Exclusions and restrictions relating to winter sports equipment, diving equipment , bicycles and other sports equipment*

Furthermore, the Insurer shall not reimburse damages which:

- caused to bicycles, except when Supplementary Summer Sports Insurance is purchased,
- caused to fishing equipment, except when Supplementary Summer Sports Insurance is purchased,
- caused to sports equipment used in sports activities listed among the General and the Specific Exclusions,

- caused to sports goggles,
- in the event of damage caused by theft in the vehicle and in external storage containers belonging to the vehicle (e.g. roof box or trailer, etc.), winter sports equipment, diving and other sports equipment the Insurer shall reimburse the damage to the extent specified in the "Theft from locked owned motor vehicle" row of the Service Table, with a 50% excess, provided that the vehicle was locked at the time of the damage,
- objects placed in unlocked vehicles, as a consequence of theft,
- caused to Winter sports equipment, Diving equipment, bicycles 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).

233. **Convenience services**

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

234. **Assistance for disabling 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 disabling the card concerned.

235. **Legal protection services**

2351. **Organisation of legal protection services**

The Assistance service provider shall organise legal advice, on one occasion, for the Insured 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.

2352. **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 a contravention 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.

2353. **Advancement of bail**

The Insurer shall advance the amount of bail to be deposited in order to have the Insured Person released on bail during the term of this travel insurance contract, 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

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 subject to the specified conditions, also in view of the exclusion defined in Section 2.3.1:

- payment of the insurance compensation upon death by accident,
- payment of the sum insured exclusively in connection with the occurrence of permanent health impairments listed in the table in section 3.2, corresponding to the degree of permanent health impairment,
- payment of the insurance compensation for death in an aviation disaster, in addition to the insurance compensation for death in accident if the Insured Person died as a paying passenger of the passenger plane in an aviation disaster.
- accidental death resulting from a terrorist act

31. 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.

32. 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%

43. If the Insured 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 in the way of 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. General and accident liability insurance

Apart from cases of liability damage caused in the course of the operation of a motor vehicle, if the Insured has caused an accident for which they are 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 Service and Premium Table (if this service is comprised in the contract concluded by the Insured Person).

4.2. Liability insurance for hotels

In case 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 statutory regulations, the Insurer shall reimburse the amount he/she paid in the way of compensation, to the extent of the amount specified in the Service and Premium Table.

4.3. Liability insurance for skiers

- 43.1. Upon the purchasing of Supplementary sports 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.

- 43.2. The Insurer shall also reimburse the costs of burial or the transportation of the dead body home, up to the maximum of the amount specified

in the Service and Premium Table.

- 4.3.3. In addition to as provided in the above sections 4.3.1 and 4.3.2 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 to the maximum 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).

4.4. Exclusions, 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 statutory regulations 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 causing damage any of its costs of legal representation, exemplary compensation for wrongdoing or interests exceeding the limit set on the insurance compensation. The liability insurance cover does not extend to damage caused by the person responsible to the Insured Persons listed in the policy and their close relatives.**

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

XI. PET INSURANCE

When a Gold or Platinum package is purchased, the Insurer shall reimburse the costs of the emergency veterinary treatment of the pet entailed by an accident, documented by invoice/receipt, in retrospect following the Insured Person's journey, up to the amount specified in the table of services. **The insurance shall not cover costs of treatment necessitated by the pet's ill health or its vaccination costs.**

XII. SUPPLEMENTARY SPORTS INSURANCE

1. Supplementary insurance for other sports

Upon purchasing the Winter Sports Supplementary Insurance product and payment of its surcharge, irrespective of the exclusions set out in Section VIII (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 Winter Sports Supplementary Platinum 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.

[VL3] megjegyzést írt: VIII.

2. Summer sports supplementary insurance

Upon purchasing the ~~Winter-Summer~~ Sports Supplementary Insurance product and payment of its surcharge, irrespective of the exclusions set out in Section VIII (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:

- 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 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.

XIII. COVID-19 BASIC INSURANCE

Scope of the travel insurance:

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

XIV. DOCUMENT REQUIRED FOR CLAIM SETTLEMENT

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

- the form introduced by the Assistance service provider, filled out (for all insured events),
- Certification of validity of general social insurance (for insured events described in section VII.1 of the Regulation),
- certification of the validity of the insurance (for all insured events),
- detailed description by the Insured of the Insured event (for all insured events),
- in the event of an insured event occurring during the use of a paid service, a report on the event,
- medical documents produced in relation to the insured event (for insured events described in section VII.1 of the Regulation),
- invoices produced in relation to the insured event (for all insured events),
- police and other official documents produced at the site and within 48 hours of the insured event in relation to the insured event (for all insured events),
- expert documents produced in relation to the insured event (for all insured events),
- declaration issued by the Insured Person's family doctor and/or the doctor regularly visited by the Insured Person (for insured events described in section VII.1 of the regulation),
- delegation order certifying the dates of the commencement and the end of the journey of the Insured Person (for all insured events),
- Declaration of the insured to his or her doctor relieving the doctor from the secrecy obligation (for insured events described in section VII.1 of the regulation),
- 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 section VII.1 of the regulation),
- 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 section X.2.30 of the Regulation)
- original invoice/receipt, to the name of the owner, certifying repairs of object used for storing luggage (for insured events described in section X.2.30.b) of the Regulation)
- detailed telephone bill (for insured events described in section X.2.23 of the regulation),
- 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 cancelling the phone number/phone card and requesting a new phone number/phone card,
- the original decision imposing an official quarantine (for the claim event described in section XIV.3 of the Regulation),
- financial proof of the travel and accommodation expenses paid, together with the corresponding tickets and vouchers (for the claims described in section XIV.3 of the regulation).
- pet vaccination record and original invoice/receipt documents on amounts paid to veterinary in the case of accident (for insured events described in section X.1 of the regulation).
- other documents required for the assessment of the insured event

In all cases, however, the party entitled to enforce a claim has the right to present such further evidence as they deem necessary, in accordance with the general rules of evidence, to substantiate the claim.

XV. 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, providing they submit their invoiced directly to the Insurer.
2. Claim payments will be made by the Insurer following the receipt of all the necessary documents and no later than within 30 days.
3. **Claims relating to the insurance shall lapse upon the passage of 5 years after the date of the insured event.**

[VL4] megjegyzést írt: VII.

[VL5] megjegyzést írt: VII.

[VL6] megjegyzést írt: VII.

[VL7] megjegyzést írt: VII.

[VL8] megjegyzést írt: VII.

[VL9] megjegyzést írt: X.

[VL10] megjegyzést írt: X.

[VL11] megjegyzést írt: X.

[VL12] megjegyzést írt: XIV.

[VL13] megjegyzést írt: XI.

XVI. 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 regulation, the Insurer may claim refund of the amount reimbursed or the cost of the service provided, except for life saving emergency interventions.
2. 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 insurance compensation specified in such document, reserving the right to claim proportionate reimbursement from the other insurers.
3. Under the claim for compensation referred to in the previous paragraph, the insurers shall cover the claims paid jointly subject to the terms and conditions and in proportion to the amounts of cover according to which the individual Insurers would be liable to the Insured.

XVII. CONFIDENTIALITY OBLIGATION

On the basis of the authorisation provided for in Section Act LXXXVIII of 2014 on the Business of Insurance (Insurance Act) the insurer processes data constituting insurance secret. The insurer may process personal data, during the term of the insurance contract and during the period under which any claim may be enforced in relation to the insurance relationship.

Insurance secret shall mean all data - other than classified information - in the possession of insurance companies, reinsurance companies and insurance intermediaries that pertain to the personal circumstances and financial situations (or business affairs) of their clients (including claimants), and the contracts of clients with insurance companies and reinsurance companies.

Section 135 of the Insurance Act

- (1) The Insurer shall be entitled to manage such business secrets of its customers that are related to the insurance contract, its execution, registration and the relevant services under the insurance contract. The purpose of such data management 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 only with the customer's prior consent. The customer shall suffer no disadvantage as a consequence of the 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 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 the Act on the Processing of Health and Related Personal Data (hereinafter: Referred to as Eüak.), may only be processed by the Insurer for the purposes specified in Section 135 (1), exclusively with the express consent of the person concerned.

Section 137 of the Insurance Act

Insurance secrets may only be disclosed to third parties:

- a) under the express prior written consent of the insurer or re-insurer's client to whom they pertain, and this consent shall precisely specify the insurance secrets that may be disclosed;
- b) if there is no obligation of professional secrecy under this Act;
- c) if the certification body, including its subcontractor, hired by an insurer or re-insurer, received such confidential information in carrying out the certification process.
- d) when the insurer's interest in selling or enforcing its claim against the customer makes it necessary.

Section 138 of the Insurance Act

- (1) The obligation to keep insurance secrets does not apply to:
 - a) the Supervision acting in its scope of duties;
 - b) the body conducting the preparatory procedure, the investigating authority and the public prosecution office, as well as the police and the National Tax and Customs Administration acting as the authority dealing with offences,
 - c) the court of law in connection with criminal cases, civil actions and non-contentious proceedings, and the court proceeding in administrative cases, including the experts appointed by the court, and the independent court bailiff, the administrator acting in bankruptcy proceedings, the temporary administrator, extraordinary administrator, liquidator acting in liquidation proceedings in connection with a case of judicial enforcement, the principal creditor in debt consolidation procedures of natural persons, the Családi Csődvédelmi Szolgálat (Family Bankruptcy Protection Service), the family administrator, 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 Hungarian 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 business entities belonging to the group, and in the case of co-insurance the underwriting insurers,
 - l) the bureau of insurance policy records maintaining the central policy records with respect to data transmitted as governed by law, the claims records agency keeping accident and claims records, the traffic control authority in connection with road transport administrative actions relating to vehicles which are not listed in the motor vehicle registry, and the body operating the register of motor vehicles,
 - m) the receiving insurance company with respect to insurance contracts conveyed under a portfolio transfer arrangement, as provided for by the relevant agreement,
 - n) with respect to the information required for settlement and for the enforcement of compensation claims, and also for the conveyance of these among one another, the body operating the Compensation Fund and/or the Claims Guarantee Fund, the National Bureau, the correspondent, the Information Centre, the Claims Organization, claims representatives and claims adjustment representatives, or the responsible party if wishing to access - in exercising the right of self-determination - the particulars of the other vehicle that was involved in the accident from the accident report for the purpose of settlement;
 - o) the outsourcing service provider with respect to data supplied under outsourcing contracts, and the auditor with respect to data required for carrying out the audits;
 - p) third-country insurer and insurance intermediaries in respect of their branches, if they are able to satisfy the requirements prescribed by Hungarian law in connection with the management of each datum and the country in which the third-country insurance company is established has regulations on data protection that conform to the requirements prescribed by Hungarian law,
 - q) commissioner of fundamental rights, acting in their 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 Insured included in contracts for agricultural insurance for standing crops 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 connection with gathering data provided through the e-claim platform provided for in the MVI with respect to operating the e-claim reporting application, for collecting information relevant to the insured event and forwarding such information to the insurance companies for the purpose of settlement;
- if a body or person referred to in paragraphs a)–j), n), s), t) and u) turns to them with a written request for data or a 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 bodies or persons referred to in Paragraphs p)–s) are required to indicate only the type of data requested and the purpose and grounds for requesting it. An indication of the statutory provision granting authorisation for requesting data shall be treated as verification of the purpose and legal grounds.
- (2) Pursuant to Paragraph (1) e), there shall be no confidentiality obligation concerning insurance secrets in connection with tax matters where the insurance company is required by law to disclose specific information to the tax authority upon request and/or to disclose data concerning any payment made under an insurance contract that is subject to tax liability.
 - (2a) The obligation of confidentiality concerning insurance secrets shall not apply to financial institutions provided for in the CIFE in connection with insurance contracts linked to claims arising out of financial services, if the financial institution makes a written request to the insurance company indicating the name of the client or the description of the insurance contract, the type of data requested and the purpose for requesting it.
 - (3) The disclosure made by an insurance company to the tax authority in compliance with the obligation prescribed in Sections 43/B–43/C of Act XXXVII of 2013 on International Administrative Cooperation in Matters of Taxation and Other Compulsory Payments (hereinafter referred to as IACA) in accordance with Act XIX of 2014 on the Promulgation of the Agreement between the Government of Hungary and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA, and on the Amendment of Certain Related Acts (hereinafter: FATCA Act) shall not be construed as violation of insurance secrets.
 - (3a) It does not constitute a breach of insurance secrecy if the disclosure of data by the insurer to the tax authorities is required by Section 43/H of the IACA and Sections 43/B and 43/C of the IACA according to the FATCA Act.
 - (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) the misuse of narcotic drugs, illegal possession of new psychoactive substances, acts of terrorism, criminal misuse of explosives or blasting agents, criminal misuse of firearms and ammunition, money laundering, or any felony offense committed in criminal conspiracy or within the framework of a criminal organisation under Act IV of 1978 in force until 30 June 2013,
 - b) unlawful drug trafficking, possession of narcotic drugs, inciting substance abuse, aiding in the manufacture or production of narcotic drugs, illegal possession of new psychoactive substances, acts of terrorism, failure to report a terrorist act, terrorist financing, criminal misuse of explosives or blasting agents, criminal misuse of firearms and ammunition, money laundering, or any felony offense committed in criminal conspiracy or within the framework of a criminal organization under the Criminal Code.
- (6a) In the case of data requests specified in Section 69 (3) and (4) of Act XXXIV of 1994 on the Police, Section 58 (3) of Act CXXII of 2010 on the National Tax and Customs Administration, or Section 262 (3)–(5) of Act XC of 2017 on the Code of Criminal Procedure (hereinafter: Be.), the insurer or reinsurer shall be obliged to provide the data it manages without the permission of the public prosecutor’s office. In the event of a request for data pursuant to Section 262/A of the Code of Criminal Procedure, the insurer or reinsurer shall be obliged to comply with the request for data classified as insurance secrets processed by it, even without the specific consent of the client or the insurance contract.
- (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) The disclosure of the group examination report to the dominating member of the financial group during the supervisory oversight proceedings in the case of group supervision shall not constitute a breach of confidentiality concerning insurance secrets and trade secrets.
- (9) The transfer of data under Section 164/B of the CIFE Act does not constitute a breach of an insurance secret.

Section 139 of the Insurance Act

The obligation to keep insurance secrets shall not apply when:

- a) a Hungarian law enforcement agency makes a written request for information - that is considered insurance secret - in order to fulfill the written requests made by a foreign law enforcement agency pursuant to an international agreement;
- b) 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;

Section 139/A

In order to effectively perform the tasks specified by law, the insurer or reinsurer may enter into a cooperation agreement with the investigating authority or the public prosecutor’s office.

Section 140 of the Insurance Act

- (1) It shall not constitute a violation of professional secrecy where an insurer or re-insurer supplies information to a third-country insurance or reinsurance company or a third-country data processing agency:
 - 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 shall not be deemed a violation of insurance secrets:
 - a) the disclosure of summarised information from which the customers and/or the specifics of their business cannot be identified,
 - b) in respect of branches, transfer of data for the purpose of supervisory activities to the supervisory authority of the country where the registered address (main office) of the foreign-registered business entity is located, if such transfer is in compliance with the agreement between the Hungarian and the foreign supervisory authorities;
 - c) the disclosure of information, other than personal data, to the minister for legislative purposes and in connection with the completion of impact assessments,
 - d) the disclosure of data in order to comply with the provisions contained 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.
- (5) The Insurer, until the date of its knowledge of the final conclusion of the probate proceedings,
 - a) provides the close relative of the deceased policyholder or the holder of the property with information on the existence of the insurance contract, the number of the insurance certificate, the general contract terms and conditions, the premium schedule of the contract, the amount of the premium due and the anniversary date of the contract, solely for the purpose of maintaining the insurance contract concerned by the payment of premiums;
 - b) in respect of PPI life assurance contracts and insurance contracts where the beneficiary is a credit institution and the policyholder is the deceased person, solely for the purpose of notifying the insurer of the need for the service and sending them the information necessary for the performance of the service, the Insurer may provide information on the existence of the insurance contract, the number of the insurance policy and the General Contract Terms and Conditions to a close relative of the deceased,based on their written request, provided that the person submitting the request can prove being a close relative.
- (6) The disclosure of this information to a close relative or the holder of the property pursuant to paragraph (5) does not constitute a breach of an insurance secret. Insurance companies shall be allowed to process the applicant's personal data for a period of five years after the time of disclosure, or - if the period provided for in Subsection (3) of Section 142 is longer - for the period specified in Subsection (3) of Section 142 (3).

Rules applying to both insurance secrets and business secretsSection

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 sixty years following the date of the document.
- (2) Any information that is declared to be information of public interest or public information, and as such is rendered subject to disclosure may not be withheld on the grounds of being treated as a trade secret or insurance secret.
- (3) Other issues relating to insurance secrets and trade secrets shall be governed by the relevant provisions of the Civil Code and Act LIV of 2018 on the Protection of Business Secrets.

Data disclosures made for the purpose of protection of

risk groups 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: requested 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 requested insurance company shall make available to the requesting insurance company the data requested in due compliance with the law, inside the time limit specified in the request, or failing this, within fifteen days from the date 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) the identification data of the Policyholder, the insured person and the beneficiary;
 - b) information relating to the state of health at the time of recording of the insured person in connection with the risk covered;

- c) any data relating to a former Insured Event affecting the person specified in subsection a), connected to a contract under the branch of insurance specified in this subsection;
 - d) any data necessary for the assessment of the risk arising in connection with the conclusion of the contract concluded with the requested insurer; and
 - e) any data necessary for the examination of the legal grounds of services to be performed based on the contract made with the requested insurer.
- (4) The requesting insurance company may request the following data in connection with the performance of contracts under the branches referred to in Points 3–9 and 14–18 of Part A) of Annex 1:
- a) the identification data of the Policyholder, the insured person, the beneficiary and the injured party;
 - b) data required for identifying the insured assets, receivables or rights and titles;
 - c) any data related to the Insured Events that occurred in relation to the assets, claims or property rights specified in subsection b);
 - d) any data necessary for the assessment of the risk arising in connection with the conclusion of the contract concluded with the requested insurer; and
 - e) any data necessary for the examination of the legal grounds of services to be performed based on the contract made with the requested insurer.
- (7) The request made according to section (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. A request and the response to such request shall not be construed as a violation of insurance secrets. The responsibility for ascertaining that the request is legitimate as provided for under Subsection (1) lies with the requesting insurance company.
- (8) The requesting insurance company shall be allowed to process data obtained through the request for a period of ninety days from the date of receipt.
- (9) If the data obtained by the requesting insurance company through the request is necessary for the enforcement of that insurance company's lawful interest, the time limit specified in Subsection (7) for data processing shall be extended until the conclusion of the procedure opened for the enforcement of such claim.
- (10) If the data obtained by the requesting insurance company through the request for the enforcement of that insurance company's lawful interest, and the procedure for the enforcement of such claim is not opened inside a period of one year after the data is received, such data may be processed for a period of one year from the date of receipt.
- (11) The requesting insurance company shall inform the client affected by the request concerning the request made according to Subsection (1) and also if the request is satisfied, on the data to which it pertains, at least once during the period of insurance cover.
- (12) If the client requests access to his or her personal data and the requesting insurance company no longer has - having regard to Subsections (8)-(10) - the data to which the request pertains, the client shall be informed thereof.
- (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 requested insurance company shall be responsible for the correctness and relevance of the data indicated in the request.

XVIII. INFORMATION ON THE PROCESSING OF PERSONAL DATA

The Policyholder, the Insured and 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. Form of company: private limited company Registered office:

H-1091 Budapest, Üllői út 1.

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) (1054 Budapest, Szabadság tér 8-9.).

Annual Report: The Insurer is required to publish annual reports on its solvency and financial status. The mandatory content of the report on 2016 will be accessible first in 2017 on the Insurer's website at (www.alfa.hu)).

Contact information of the data protection officer: adatvedelem@alfa.hu.

The Insurer makes available its Privacy Notice to the Customer in a separate document.

XIX. COMPLAINT HANDLING

The Insurer shall ensure that the customer and consumer representative bodies (hereinafter together for the purposes of this point: 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,

in relation to a given product, the person acting as an additional insurance intermediary on its behalf, as set out below.

The Insurer's "Complaints Handling Policy" is available and can be viewed at our Customer Service Office in Budapest, at our Sales Points or on the Insurer's website: <https://www.aegon.hu/ugyintezes/panaszbejelentes.html>

Options for reporting complaints:

Customers may make oral complaints in person or by telephone:

- a) **in person:** at all premises open to customers

Central Customer Service Office

Registered office: 1091 Budapest, Üllői út 1.

Postal address: Alfa Vienna Insurance Group Biztosító Zrt.
Complaints and Priority Case Management Group 9401 Sopron

P.O. Box; 22 Opening hours: Monday, Tuesday, Wednesday and Friday

8.00-16.00, Thursday 8.00-20.00 **Points of sales**

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

- b) **by phone:** (+36) 1-477-4800, also from abroad, on Thursday from 8.00 to 20.00, on other working days of the week from 8.00 between 8.00 and 16.00 hrs

Through the telephone customer service, the insurer's employees personally answer customer complaints during opening hours.

The insurer strives to ensure that in the case of customer complaints by telephone, calls are answered and handled within a reasonable waiting time. As part of this, it will act as expected from an Insurer in the situation to ensure a live voice call within five (5) minutes of the time when the call is successfully connected.

Customers can submit written complaints 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: 1091 Budapest, Üllői út 1.

Postal address: Alfa Vienna Insurance Group Biztosító Zrt.
Complaints and Priority Case Management Group 9401 Sopron

P.O. Box; 22 Opening hours: Monday, Tuesday, Wednesday and Friday

8.00-16.00, Thursday 8.00-20.00 **Points of sales**

Address list: 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., Complaints and Priority Case Management Group 9401 Sopron P.O. Box 22
- c) **by fax:** (+36) 1-476-5791;
- d) **electronically through** alfa.hu/ugyintezes/online-panaszbejelentes.html link online or on the complaint form at alfa.hu/ugyintezes/panaszbejelentes.html or by email sent to panasz@alfa.hu.
- e) **On data processing matters electronically** at alfa.hu/adatvedelem or by e-mail sent to adatvedelem@alfa.hu or .

XX. REDRESS FORUMS

In the event that the complaint is rejected, partly or entirely, or the 30-day legal deadline for investigating a claim passes with no effect, customers deemed as consumers may apply to the following forums for legal remedy.

Remedies available to customers who are consumers¹

In the case of a legal dispute relating to the execution, validity, legal effects and termination of the contract or breach of contract and its legal effects, proceedings before the Financial Arbitration Board may be instituted, or the case may be brought to court by the customer according to the rules of civil procedure.

Financial Arbitration Board

Registered office: 1013 Budapest, Krisztina krt. 55.

Customer service: 1122 Budapest, Krisztina krt. 6.

Postal address: Financial Arbitration Board 1525 Budapest, PO box:

172 Phone: (+36) 80-203-776

E-mail address: ugyfelszolgalat@mnbb.hu

For more information visit the following website: <https://www.mnbb.hu/bekeltetes>.

¹ Customers deemed as consumers: a natural person acting towards goals outside their own occupation and economic activities.

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 as a consumer does not exceed HUF two million, either in the application or at the time of the decision to impose an obligation, the FAB may issue a decision to impose an obligation.

Court

After submitting a complaint to the Insurer, the customers may seek legal remedy at the court of competent jurisdiction (www.birosag.hu).

The consumer may initiate a consumer protection control procedure with the Magyar Nemzeti Bank in the event of a breach (or presumed breach) of the consumer protection provisions relating to the conduct, activity or omission of the Insurer pursuant to Act CXXXIX of 2013 on the Magyar Nemzeti Bank.

Magyar Nemzeti Bank (National Bank of Hungary) – Financial Consumer Protection Centre (Pénzügyi Fogyasztóvédelmi Központ)

Registered office: Magyar Nemzeti Bank, 1054 Budapest, Szabadság tér 8-9.

Customer service: 1122 Budapest, Krisztina krt. 6.

Postal address: Magyar Nemzeti Bank, 1534 Budapest BKKP PO

box: 777 Phone: (+36) 80-203-776

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

For more information visit the following website: www.mnb.hu/fogyasztovedelem.

Customers deemed as consumers may request a "Request" document to be sent, serving as a basis for instituting a procedure at the Financial Arbitration Board / Financial Consumer Protection Centre.

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

By post: Alfa Vienna Insurance Group Biztosító Zrt., Complaints and Priority Case Management Group 9401

Sopron P.O. Box 22 By e-mail: panasz@alfa.hu

The Insurer will send the form by e-mail or by post in a verifiable manner, free of charge, as requested by the customer. The Insurer makes such forms available on its website at alfa.hu and at its premises open for customers.

Remedies available to customers who are not consumers

After submitting a complaint to the Insurer, clients not deemed as consumers may seek legal remedy at the court of competent jurisdiction (www.birosag.hu).

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

In the case of a data protection complaint concerning the processing of data by the Insurer, if the customer does not agree with the response given by the Insurer to the data processing complaint, the customer may also turn to court or to the National Authority for Data Protection and Freedom of Information.

Hungarian National Authority for Data Protection and Freedom of Information

Registered office: 1055 Budapest, Falk Miksa utca

9-11. Postal address: 1363 Budapest, PO box.: 9

Official gateway, short name: NAIH KR ID:

429616918 Phone: (+36) 1-391-1400

E-mail: ugyfelszolgalat@naih.hu

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

Effective date: 15 July 2025

ALFA WORLD TRAVELLER TRAVEL INSURANCE SERVICE AND PREMIUM TABLE

Effective date: 15 July 2025

ALFA PRODUCT LINE SERVICE PACKAGES	Alfa World Traveller travel insurance		
Service	Exstet (Silver)	Arany (Gold)	Platina (Platinum)
MEDICAL ASSISTANCE AND COSTS	max 90 days	max 90 days	max 90 days
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, water Rescue and transport of the patient, and cost reimbursement	HUF 30,000,000	HUF 150,000,000	HUF 300,000,000
In the case of a chronic illness, organisation of emergency medical care and reimbursement of the repatriation cost	—	HUF 5,000	HUF 10,000
Emergency dental treatment	HUF 100,000	HUF 200,000	HUF 250,000
Organisation of transport of sick or injured person back home, reimbursement of its costs	HUF 1,000,000	No limit	No limit
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 supplementary sports coverage, further search, rescue costs in case the Insured has gone missing	—	HUF 2,000,000	HUF 3,000,000
Daily hospital cost reimbursement (for max. 15 days)	—	HUF 15,000	HUF 20,000
Accommodation costs for one family member during the hospital stay of the travel companion	—	HUF 150,000 but max HUF 35,000/day	HUF 200,000 but max HUF 50,000/day
Repatriation of a family/child	HUF 100,000	HUF 300,000	HUF 1,000,000
Visiting of the sick or injured, accommodation cost of travel companion abroad (1 person)	HUF 100,000	HUF 200,000	HUF 400,000
Travel home before scheduled date	HUF 100,000	HUF 200,000	HUF 400,000
Reimbursement of the costs of repatriating the body or arranging and paying for a funeral abroad	No limit	No limit	No limit
BASIC SERVICES AVAILABLE DUE TO COVID-19 INFECTION			
Emergency medical treatment, patient transportation, repatriation	HUF 5,000,000	HUF 15,000,000	HUF 25000000
Accommodation and travel expenses incurred in connection with a quarantine ordered	HUF 100,000	HUF 150,000	HUF 250,000
TERRORIST ACTS			
Costs of emergency medical treatment due to terrorist acts, costs of repatriation of the injured person or the corpse	HUF 50,000,000	HUF 50,000,000	HUF 50,000,000
Damage to luggage in the case of terrorist acts	HUF 50,000	HUF 100,000	HUF 200,000
CONVENIENCE SERVICES			
Replacement of documents	HUF 30,000	HUF 40,000	HUF 60,000
Reimbursement of telephone costs	HUF 30,000	HUF 40,000	HUF 60,000
Subsequent reimbursement of interpretation	HUF 30,000	HUF 40,000	HUF 60,000
Pet insurance	—	HUF 40,000	HUF 60,000
Protection of the owned home (emergencies) during the stay abroad	—	HUF 60,000	HUF 80,000
Returning home due to a natural disaster	HUF 100,000	HUF 250,000	HUF 500,000
TAXI cost relating to an insured event	HUF 20,000	HUF 30,000	HUF 40,000
Emergency on-site repair of bicycles	—	—	—
LUGGAGE COVER			
Damage to luggage	HUF 200,000	HUF 400,000	HUF 600,000
Limit per item	HUF 50,000	HUF 100,000	HUF 150,000
Limit for specified technical articles within luggage limit/item	—	HUF 150,000	HUF 250,000
In the case of sports supplementary insurance, owned ski and diving equipment and bicycles (including electric bikes) are included within the luggage limit	—	HUF 200,000	HUF 300,000
Flight delay 4-12 hours	—	HUF 20,000	HUF 40,000
Flight delay 12-14 hours	—	HUF 30,000	HUF 70,000
Flight delay due to a traffic accident	—	HUF 100,000	HUF 250,000
Luggage delay 4-12 hours	—	HUF 20,000	HUF 40,000
Luggage delay 12-14 hours	—	HUF 30,000	HUF 70,000
Theft from a locked private vehicle, maximum per car/motorcycle	HUF 100,000	HUF 150,000	HUF 200,000
Suitcase damage cost	—	HUF 20,000	HUF 30,000
Theft of beach equipment	—	HUF 20,000	HUF 30,000
LEGAL AID, LIABILITY INSURANCE			
Reimbursement of the costs of legal assistance (duty, lawyer cost, legal expenses)	—	HUF 2,000,000	HUF 4,000,000
Advancement of bail	—	HUF 500,000	HUF 1,000,000
General and accident liability insurance	HUF 500,000	HUF 3,000,000	HUF 5,000,000
Liability insurance for hotels	HUF 100,000	HUF 150,000	HUF 250,000
Skier liability insurance (only with sports supplementary insurance, only in relation to accidental claims)	HUF 2,000,000	HUF 3,000,000	HUF 5,000,000

ALFA PRODUCT LINE SERVICE PACKAGES		Alfa World Traveller travel insurance		
Service		Exot (Silver)	Arany (Gold)	Platina (Platinum)
ACCIDENT INSURANCE				
Payment of the insurance compensation upon death by accident		HUF 3,000,000	HUF 5,000,000	HUF 8,000,000
Insured sum for death due to passenger air or passenger ship disaster, in addition to the insurance sum for accidental death (additional payment)		HUF 2,000,000	HUF 4,000,000	HUF 6,000,000
Amount of insurance compensation for permanent health impairment out of accident		HUF 4,000,000	HUF 8,000,000	HUF 15,000,000
Accidental death resulting from a terrorist act		HUF 1,000,000	HUF 3,000,000	HUF 5,000,000
INSURANCE PREMIUM PER DAY/PERSON EUROPE				
Basic insurance premium, per person and per day		HUF 850	HUF 1,090	HUF 1,390
Surcharge for World 1 (USA, Canada, Mexico, New Zealand and Australia)		Not available	500%	500%
Surcharge for World 2 (Tanzania, Dominican Republic and Thailand) .		Not available	20%	20%
Winter sports supplementary surcharge (for recreational leisure sports activities that are not carried out as a full-time activity (non-professional sports)		Not available	50%	50%
Summer sports supplementary surcharge (for recreational leisure sports activities that are not carried out as a full-time activity (non-professional sports)		Not available	30%	30%
DISCOUNTS				
Child under 18		50%	50%	50%
Group (from 10 persons)		5%	10%	15%
Family (max 9 persons if there is also a minor insured on the policy)		20%	20%	20%
SURCHARGE				
Age between 70 and 90		100%	100%	100%
ANNUAL PASSES				
Annual pass (max 30 days of stay)**		—	HUF 60,000	HUF 80,000
Annual student pass (max 180 days of stay)		Not available	Not available	Not available

* The Insurer extends this service with a 50% excess.

** The annual pass of the World Traveller product is not available for the World 1 and 2 countries (USA, Canada, Mexico, New Zealand, Australia, Dominican Republic, Tanzania, Thailand)