

Schengen Zone Travel Insurance



Passkontroll
Passport control



EXPAT & Co



International mobility insurances

essential insurance coverage for
visitors travelling to the Schengen Zone



SCHENGEN TRAVEL INSURANCE

Under the Schengen Agreement participating countries have unified their borders under a common control. This means that in order to travel to countries in the Schengen Zone, you will require a Schengen visa.

European Union regulations stipulate that in order to obtain a visa to the Schengen Zone you must prove that you are insured for emergency treatment, hospitalisation, urgent ambulance transportation and medical evacuation with a minimum insurance amount of at least €30,000.

Expat & Co's Schengen Zone Travel Insurance has been designed to comply with these regulations and more. Schengen Zone Travel Insurance covers you for business and leisure travel in Schengen countries and extended areas.

Depending on how long and how often you will be travelling to countries in the Schengen Area you can choose between:

- ▶ **Single Trip Contract** for journeys from 7 to 90 days;
- ▶ **Multiple Entry Contract** for contract periods of 90, 182 or 365 days with a maximum of 30, 60 or 90 days of coverage.

MORE EXTENSIVE THAN EVER

Schengen Zone Travel Insurance offers more extensive coverage than any other Schengen insurance on the market today. As well as covering you for urgent medical treatment, Schengen Travel Insurance offers travel assistance and extra-contractual liability private life insurance, tenant liability and theft or loss of travel documents as part of your standard insurance policy.

EXTENDED ZONE COVER

You can also choose to extend your cover to neighbouring countries that do not (yet) belong to the Schengen Zone.

Please see the map and listings overleaf for full details of covered areas.

PRE-EXISTING CONDITIONS

Expat & Co's Schengen Zone Travel Insurance covers acute illness, injuries and accidents that happen after you have started your trip abroad. In order for an illness to be covered it must be unexpected. This means that pre-existing conditions are not normally covered.

If you do have a pre-existing condition, please send a medical report to Expat & Co before you set off on your journey. We can then confirm whether or not your personal situation is covered under the policy.

IN CASE OF AN EMERGENCY

If you find yourself needing to claim urgent assistance, or if you are hospitalised, call or e-mail the Alarm Centre for immediate support:

Tel: **+32 (0)2 669 0880** **24/7**

E-mail: **help@expatinsurance.eu** **24/7**

For all other enquiries, please use our regular number. You will find our full contact details and further instructions at the back of this policy guide.

Download and save a copy of our
'what to do in case of a claim manual':

www.expatinsurance.eu/pdf-files/claims_manual.pdf

SCHENGEN ZONE

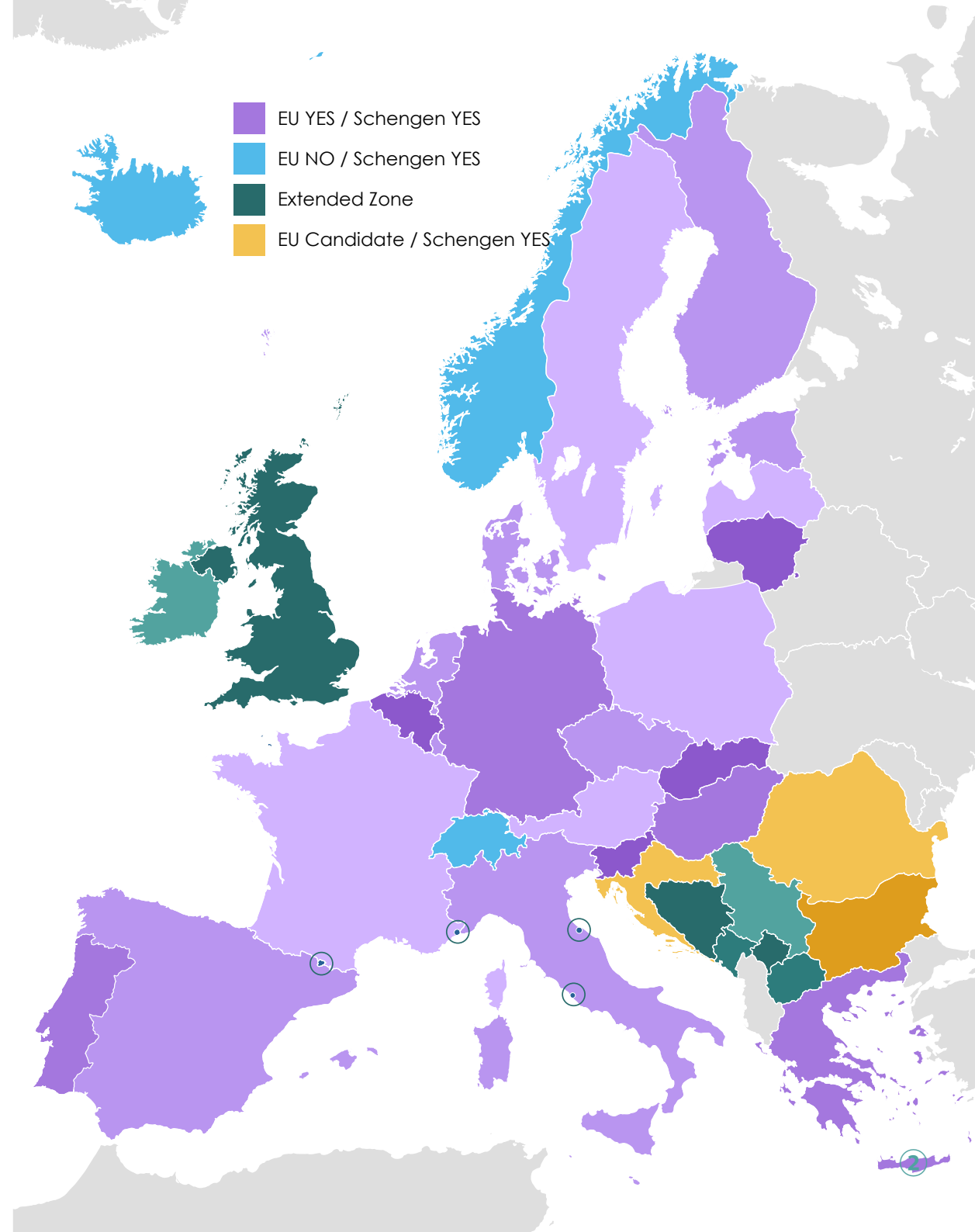
Schengen countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland and eventual later joining member states.

► This means the lilac and blue countries on the map.

EXTENDED ZONE

Other European countries not (yet) belonging to the Schengen zone: Andorra, Bosnia-Herzegovina, Bulgaria, Croatia, Cyprus, FYR Macedonia, Ireland, Kosovo, Monaco, Montenegro, Romania, San Marino, Serbia, United Kingdom, Vatican City.

► This means the green and yellow countries on the map.



COVERAGE AND BENEFITS

Benefits List	Welcome to Schengen
Module 1 - Medical treatment costs (*)	max. 30.000 €
Hospitalization due to accident or illness	100% (*)
Ambulatory treatment costs due to accident or illness	100%
Medicines (only available on prescription)	100%
Pain stilling dental care	max. 250 €
Dental surgery following an accident	100% (*)
Transport to hospital by ambulance	real cost
(*) Only non-private room	YES
Deductible / contract for illness	100 €
Assistance	
Referral service concerning hospitals/doctors in host country	YES
Medical Repatriation/evacuation	real cost
Escort during medical repatriation/evacuation	return ticket (economy)
Transport of the mortal remains to the place chosen by the deceased's family	real cost
Assistance in case of theft/loss of travel and ID-documents	real cost
Coffin	max. 1.250 €
Legal assistance abroad	max. 2.500 €
- advance of security deposit	max. 12.500 €
Theft or loss of ID and travel documents	max. 150 €
Liability	
Extra contractual liability private life	
- physical damage	max. 20.000.000 €
- material damage	max. 1.000. 000 €
Tenant liability	included
Deductible per claim	100 €

All benefits listed are per person, per contract.

PRICELIST

Schengen Zone Travel Insurance			
Period	age <55	<75	>75
Single entry 7 days	20,00 €	30,00 €	90,00 €
Single entry 15 days	25,00 €	37,50 €	90,00 €
Single entry 31 days	45,00 €	67,50 €	90,00 €
Single entry 62 days	65,00 €	97,50 €	130,00 €
Single entry 90 days	85,00 €	127,50 €	170,00 €
Multiple entry 90 days (with 30 days of cover)	70,00 €	105,00 €	140,00 €
Multiple entry 182 days (with 60 days of cover)	90,00 €	135,00 €	180,00 €
Multiple entry 365 days (with 90 days of cover)	110,00 €	165,00 €	220,00 €

Single Entry Contract

Single Entry Contracts start from 7 days is only valid up to maximum of 90 days, in line with the maximum length of a visa for the Schengen Zone. The initial travel period of a Single Entry Contract can be shifted in time, should for example the issue of your visa have been delayed. It is however imperative that you notify Expat & Co of this delay before the initial travel period starts.

Multiple Entry Contract

If you will be making several trips to the Schengen Zone during a certain period of time, then a Multiple Entry Contract insures you for a total of 30, 60 or 90 days within a contract period of 90, 182 or 365 days maximum respectively.

If you will be travelling from the Schengen Area into the Extended Area and coming back to the Schengen Area, you should choose a Multiple Entry visa and insurance.

Additional Information

Cover in Extended Zone : + 10%

Prices are excluding local taxes. These can vary per country.

Policy cost & changements = 10 €



GENERAL CONDITIONS

GLOSSARY

This glossary is a guide to your understanding of the terms and conditions of the Long term Travel insurance. For the purpose of this contract, the following declarations shall apply:

1) UNDERWRITER:

Unless otherwise mentioned in the Policy schedule, the Underwriting Insurer is XL Catlin Belgium (a branch of XL Catlin SE).

Underwritten by XL Catlin Syndicate SJC2003 at Lloyd's, Uitbreidingstraat 10-16 B-2600 Berchem, BELGIUM further called "THE UNDERWRITER", Licensed for branch Accident, Health, Fire, Liability. License number FSMA 2405.

The assistance benefits are insured by XL Catlin Belgium. The organization and the execution of these services have been entrusted to a third party assistance company further called "THE ALARM CENTRE".

The policy and claims are administrated by: Expat & Co BVBA Noordkustlaan 12, 1702 Groot-Bijgaarden (Dilbeek) BELGIUM. Licensed for all branches. License number FSMA 13.633A, and authorized to work in all countries of the European Economic Area (EEA).

Negotiations with service providers networks and individual service providers to contain costs in favour of the insured person and the underwriter, will be done by a Network Manager.

For the USA the Network Management has been entrusted to Olympus. For the rest of the world it is done by the Assistance Company.

2) POLICYHOLDER:

The natural or legal person who subscribes to the contract, identified as the policyholder in the insurance certificate.

3) INSURED PERSON:

The natural person, identified as insured person in this policy, who is able-bodied, in a good health and is making his/her way to Europe.

4) BENEFICIARY:

The person, identified as the beneficiary in the insurance certificate, to whom a benefit is payable on the strength of this insurance.

5) FAMILY MEMBERS:

Spouse/partner, children/parents (-in-law), brothers/sisters, grandparents/grandchildren, other persons with whom the insured person lives at the same address on a permanent basis.

6) THIRD PARTY:

Any other person who is not the insured, or one of his/her family members.

7) ACCIDENT:

Any sudden, unexpected force from external origin, affecting or influencing the body of the insured person, and directly causing a medically diagnosable physical injury to the Insured Person.

An accident also includes the following events:

- acute poisoning caused by the sudden and involuntary inhale of gases, vapours, liquid or solid substances, other than medicines, or allergens;
- illness or allergic reaction directly caused by an involuntary fall into the water or into any other substance, or as a result of jumping in, in an attempt to save humans, animals or goods;
- the involuntary and sudden intake of substances or objects in the digestive system, respiratory system, the eyes or the ears, causing internal injury;
- spraining, dislocation and rupture of muscle and tendon tissues provided these injuries have been caused suddenly and their nature and location may be diagnosed medically;
- suffocation, drowning, freezing, sunstroke, heat stroke;
- exhaustion, starvation, dehydration and sunburn as a result of unforeseen circumstances;

- complications or aggravation of the injury as a direct result of first aid or medical treatment necessitated after the accident.
- physical injuries resulting from assaults or attacks on the life of the Insured, unless it is proved that the insured actively participated in the activities of which he/she is the victim, whether as perpetrator or as instigator.

Are not considered as accidents in the sense of this contract:

- the development and/or the appearance of any form of hernia in whatever way;
- the contamination of the organism of the insured by the Acquired Immune Deficiency Syndrome (AIDS virus), whatever the consequences are.

8) ILLNESS/DISEASE:

For the purposes of this contract, illness/disease is defined as any involuntary impairment of health that can be medically confirmed.

The following are excluded:

- illnesses, accidents and/or defects (congenital or otherwise) that exist prior to or at the effective date of the contract and of which the Policyholder or the Insured should be aware at that time or of which he/she is likely to have been aware because the symptoms of the illness or defect had already manifested themselves. This provision is also applicable in the event that the contract comes back into force following a period of suspension. Nevertheless persons with pre-existing chronic diseases, can be covered for medical care following sudden attacks or worsening of the disease, at condition that they can prove, with a report of their treating doctor, prior to effective date of the contract, that they can function normally, while following regularly treatment or therapy. In all cases, this regularly treatment or therapy is not reimbursable. Cover can also be refused if proved that the attack or worsening was due to non-fidelity to the treatment/therapy, doctors' advice, or misuse of the medication.
- aesthetic or similar treatments;
- mental or nervous diseases, neuroses, psychoses,

rest cures or similar treatments requiring a stay in a psychiatric institution, in a psychiatric ward of a hospital or in another institution that is mainly a rest home, a convalescent home or a similar institution that is specialized in the treatment of alcoholics, drug addicts, mental diseases or the elderly, with the exception of the exclusions stipulated in module 1.

However, non-permanent and non-chronic mental disorders will be covered;

- professional diseases for which compensation is paid under the terms of the legislation applicable to professional diseases;
- attributable to the infecting of the organism of the Insured by the Acquired Immune Deficiency Syndrome (the AIDS virus), regardless of the consequences;
- diseases for which the treatment can be postponed, with medical justification, until return of the insured to his/her home country.

9) HOSPITAL:

An establishment, which is legally licensed as a medical or surgical hospital/clinic.

10) PHYSICIAN/DOCTOR:

Physical person suitably qualified and legally licensed to practice medicine in the country where treatment is provided. The physician must be practicing within the scope of his/her license and training.

If the insured calls on the services of persons who are legally licensed to exercise dental medicine in the country where their services were called upon, these people are also considered as physicians.

11) MEDICINES:

Medicines which are only obtainable with a prescription delivered by a physician, dentist or obstetrician, practicing within their scope of license and training. Not eligible for compensation are, for example:

- restorative and nutritional products;
- slimming products;
- tonics, medicinal wines, cod liver and fish oil products;
- vitamin products;

- laxatives;
- cosmetics.

12) DEDUCTIBLE:

The real out-of-pocket expense, as listed in the Policy Schedule, which will be deducted from the reimbursement to the Insured Person.

13) HOME COUNTRY:

The country that the policy holder declared as such on the application form and of which he/she holds a passport or ID card.

14) FOREIGN COUNTRY/ABROAD:

Every country outside the home country.

15) SCHENGEN ZONE:

Countries which joined the Schengen agreement about removal of internal borders. (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland and eventual later joining member states).

16) EXTENDED ZONE:

Other European countries not (yet) belonging to the Schengen zone (Andorra, Bosnia-Herzegovina, Bulgaria, Croatia, Cyprus, FYR Macedonia, Ireland, Kosovo, Monaco, Montenegro, Romania, San Marino, Serbia, United Kingdom, Vatican City).

GENERAL CONDITIONS COMMON TO ALL COVERS

Art. 1. Description of the insurance contract

1.1 Extent of cover

This insurance will provide cover to the insured person according to the conditions which are mentioned in the insurance certificate, within the extent and limits

described in the Benefits List.

1.2 Area of cover

The insurance will provide cover within the Schengen area as mentioned in the Glossary Point 14.

If the client concluded the extended area, covered will also be valid in the other European countries as mentioned in the Glossary Point 15.

1.3 Deductibles

The deductibles mentioned in the Benefits List shall apply per claim, except for medical care where it applies per insurance year.

Art. 2. Duration and end of the insurance

2.1 Duration of the insurance and cover

The insurance will be effective from the inception date mentioned in the insurance certificate (but not before the date the first premium has been paid) for the mentioned period.

The Policy Holder can choose between different options, depending on how long and how often the insured person will travel.

Single entry covers from 7 days up to max. 90 days, as a Schengen visa is max. 90 days valid.

Multiple entry covers within a 30, 60 or 90 days of cover within a contract period of 90,182 or 365 days respectively.

Persons who travel from the Schengen Area into the Extended area and come back to the Schengen Area should choose a Multi Entry visa and insurance. Same for persons who come regularly in the Schengen Area within a short period.

The benefits are the same for all options, only the period of cover and the premiums vary.

The initial travel period of a Single Entry policy can be shifted in time, in case the issue of the visa is delayed.

The insurer should be notified about the delay before the initial travel periods starts.

The duration of the contract will never exceed one year.

The coverage for the insured person starts at the moment when he/she leaves his/her usual place of residence in the home country to make his/her way to his/her destination abroad and ends definitely on the day specified on the insurance certificate as the final expiry date or as much earlier as the return of the insured to his/her home country or home.

2.2 End of the insurance

The policy can be cancelled before the end date as follows:

2.2.1 By the policy holder:

By registered written termination letter from the policy holder:

- in connection with a claim, within 30 days after the Underwriter has taken a final position;
- in case of non-issue of the visa.

In case of death of the policy holder, the eventual other insured persons can terminate the contract, by sending a registered letter within 30 days after death.

2.2.2 By the Underwriter:

Unless otherwise mentioned in the General Policy Conditions specific to the different modules and options, by registered letter from the Underwriter:

- if in connection with an event the insured person has deliberately given a misrepresentation of facts or failed to notify important information to the Underwriter, of which, if the information was known, never would have led to cover that risk. In this case the insurance will end on the date mentioned in the letter of termination;
- in the event of a significant and definitive change in the risk, as set out in article 9 of the present conditions;
- following any declared accident or illness, whether covered or not by the contract, but at the latest 30 days following the payment of the compensation or

the refusal by the Underwriter to pay the compensation;

- in case of non-payment in respect with the procedure explained in art. 3.

Art. 3. Premium payment

Premiums are determined by the Underwriter and will be payable, for the whole insurance period before issue of the insurance, including eventual (local) premium taxes and contributions.

In the event of a failure to pay before the commencement date of the insurance, the insurance shall not be effective and the Company shall not become liable for any compensation.

In case of termination of the insurance prior to the inception date, refund of premium is possible only if a written request is received by the Underwriter. The Underwriter will charge an administration cost.

After the inception date of the insurance, the premium is considered fully earned and non-refundable. In case of an early return no restitution of premium will be made.

Art. 4. General exclusions

The insurance will not cover damage or expenses caused by, or as a result of:

4.1 War risk/terrorism/military service

Direct or indirect active engagement in (civil) war, invasion, riots, lock-outs, acts of a foreign enemy, hostilities (whether war be declared or not), civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act.

The benefits of the contract are not applicable in case of claims occurred to the insured during military service or reserve call-up.

4.2 Criminal acts

The committal of any criminal act, as perpetrator, co-perpetrator or accomplice, by the insured or by the beneficiary as interested party of the insurance benefits.

4.3 Weapons

The possession and/or the active use of weapons by an insured person or beneficiary as interested party of the insurance benefits.

4.4 Nuclear reactions

- Nuclear accidents as described at the Paris Convention of July 29th, 1960;
- Ionising radiations or contamination by radioisotopes.

An exception will apply when the insured person is exposed to nuclear reactions as result of any medical treatment.

4.5 Alcohol/drugs

The use of alcohol, intoxicants, drugs or medicines (except when the medicines are prescribed and used in accordance with prescription or doctor's advice).

4.6 Sports

- Practicing sports as a (subsidiary) profession.
- Practicing dangerous sports such as:
- Preparation for or participation in speed races with motor vehicles, motor boats or other motorized vehicles;
- Amateur flying, delta flying, parachuting;
- Equestrian competitions;
- All full contact box, hit, punch and kick sports, free fighting and wrestling. Sports as judo, jiu jitsu, aikido, and semi-contact karate are accepted;
- Rugby;
- Glacier trips without a guide, climbing, mountaineering;
- Winter sports off the normal ski run;
- Ice-hockey
- Speleology
- Underwater sports, except for snorkling;

- Sporting activities done in such circumstances that specialists will be of opinion they must be considered as rash acts, such as non-execution of regulations or measures of safety.

4.7 Other exclusions:

- Wilfulness or consent of the insured or the beneficiary as interested party of the insurance benefits;
- Suicide or attempted suicide. Nevertheless the benefits for funeral costs, coffin and repatriation of mortal remains will be granted in case of death by suicide;
- Reckless act or severe negligence;
- Active engagement in fights or risky ventures in which the insured person endangers his/her life or body.

Art. 5. Claims

5.1. Reporting a claim

Claims should be reported as soon as possible to the Underwriter. For this purpose a claim form should be completed according to the applicable instructions and returned together with the original and detailed bills and all supporting vouchers.

The right to compensation will expire if it is not reported within 3 years after the date on which the damage occurred. As regards any legal claim by the beneficiary, this period starts from the date on which the beneficiary has taken cognizance of the existence of the agreement, of his capacity as beneficiary and of the incident that causes the insurance services to be exigible.

5.2. Complementary intervention

In the event that the damage or expenses are also recoverable from other insurance companies, or a Social Security Institution (Health Fund), this insurance will only apply to complement the cover in the other policies or schemes up to the given limits in our Benefits List.

5.3. Subrogation

For any payment under this policy, the Underwriter will

be subrogated to all rights and demands the insured person may claim concerning recovery against any third party or organization. The insured will be obligated to give his full cooperation to secure such rights.

5.4. Dispute and expertise

In case the policy holder or the insured person does not agree with a medical matter, then this should be reported to the Underwriter within 15 days after notification of the decision.

The dispute will be submitted on contradiction to a medical commission of 2 experts-doctors, one designated by the Policy holder and/or the Insured, and one by the Underwriter. If these doctors don't agree, they designate a third expert-doctor, whose role is to provide a decisive answer.

If one of the parties does not designate an expert, or if both experts do not agree about the choice of the third expert, the designation will be done by the Court of First Instance from the head office of the Underwriter, on appeal of the plaintiff.

Every party carries the fees of his/her own expert; the fee of the third expert will be carried by both parties at equal share.

The same principle will apply for the fees of doctors to whom they appeal.

Art. 6. Exchange rates

Premiums should always be paid in the currency mentioned in the Insurance certificate. All exchange and bank costs are at the expense of the Policy holder.

Claims will be reimbursed to the insured person, or in the currency mentioned in the insurance certificate, or in the currency of the invoice. The date of the exchange will be the date of the invoice.

The used rate will be the official interbank rate.

Art. 7. Obligations of the insured person

The insured person will be obligated to:

- supply the Underwriter with all particulars and documents as soon as possible;
- keep the Underwriter informed of new facts and developments in the case;
- take all reasonable measures and precautions to minimize the damage and the consequences for the Underwriter;
- lend his/her full cooperation to the claim settlement and withhold every action that may harm the Underwriter's interests.

If the insured has not fulfilled these obligations, and this turns out to be a disadvantage to the Underwriter, the previously named will have the right to reduce the compensation amounting to this disadvantage.

The insured person loses any right to reimbursement, taking into account the circumstances under which the event occurred or with respect to any other component of the claim, when he/she:

- has given a misrepresentation of facts or has made an untrue statement;
- withholds information of which he/she could - or reasonably should - know that it might be important to the Underwriter in its assessment.

Art. 8. Notifications

Notifications by the Underwriter to the policyholder will be made regularly to the policy holders' last address known to the Underwriter.

The policy holder and/or the insured person will be obligated to notify the Underwriter of any changes of name or address mentioned in the General Policy Conditions, changes in existing cover with third parties or changes in profession of the different Insured Persons. The Underwriter must also be notified in the event of death of the policy holder or one of the Insured Persons.

The Underwriter cannot be held responsible for the consequences if the policy holder and/or the insured fails to notify such events.

Art. 9. Change of risk

The Policyholder shall without delay inform the Underwriter of any significant and permanent change to the risk.

In the event that during the contractual period the risk is increased to such an extent that the Underwriter would have insured the risk according to different conditions if this increased risk had existed at the time of the signing of the contract, it must, within a period of one month starting from the day on which it has taken cognizance of the increased risk, propose the modification to the contract with retro-active effect to the date of the start of the increased risk.

In the event that the Underwriter furnishes proof that it would not under any circumstances have insured the increased risk, it is entitled to cancel the contract within a period of one month starting from the day on which it has taken cognizance of the increased risk. In the event that the proposed change to the contract is rejected by the Policyholder or if, upon expiry of a period of one month starting from the receipt of said proposal, it is not accepted, the Underwriter may cancel the contract within 15 days.

In the event that a claim occurs and the Policyholder has not complied with the obligation set out in paragraph 1 of this article:

- the Underwriter is under an obligation to provide the agreed service if the Policyholder cannot be held responsible for the failure to notify;
- the service to be provided by the Underwriter is reduced in proportion to the difference between the paid-up premium and the premium that the Policyholder would have had to pay if he had properly reported the risk, if the failure to notify can be attributed to the Policyholder.

However, in the event that the Underwriter furnishes proof that it would not under any circumstances have insured the increased risk, it is only under an obligation to refund all premiums paid:

- in the event that the Policyholder has failed to comply with this obligation by deliberate deceit, the Underwriter may reduce its cover.

The premiums that have fallen due up to the day on which the Underwriter has taken cognizance of the deliberate omission shall be considered as rightfully belonging to the Underwriter as compensation for damages.

Art. 10. Applicable law, Disputes

The contract and the insurance relationship is subject to English law and practice and to exclusive jurisdiction of the English courts.

Art. 11. Privacy code

The personal data submitted to the Underwriter are intended only for the following purposes: evaluation of the insured risks, management of the commercial relationship, of the insurance contract and the claims covered by it, control of the portfolio and to prevent fraud or abuse.

Only for these purposes this information can be transferred to a reinsurer, expert or counsel. This information is only accessible to the underwriting and claims management services as part of their duties. All information will be handled with the greatest discretion. All involved persons have the right to look into their own particulars and have them corrected, if necessary.

MEDICAL CARE

Art. 12. Medical care following accident, illness

The Underwriter refunds the really indispensable medical costs of treatment, provided to an insured, which

are the direct consequence of an accident or an illness:

- hospital stay during a maximum of 365 consecutive days. Only semi-private rooms are covered;
- doctors and specialist fees. Supplements related to private rooms are not covered;
- operation theatre and intensive care room;
- surgical costs;
- the medically necessary costs, costs for treatments and examinations;
- the costs for prescribed medicines or medicines entered on the hospital invoice, for use during the period covered by the insurance. For a longer use, prior written approval should be obtained from the Underwriter;
- costs of the transport in ambulance from the place of incident to the nearest hospital, or from one hospital to another hospital on doctor's prescription. No allowance is paid for the costs of public transports such as train, tram and bus;
- first prostheses which have become necessary, as a consequence of an accident;
- the costs for a voluntary abortion in consequence of a rape, carried out in a hospital and reported at the local police station.

Art. 13. Physiotherapy and Psychotherapy after trauma

The Underwriter refunds the costs of treatment by a physiotherapist, prescribed or imposed by a physician. The compensation will be attributed in conformity with the locally common tariffs and for a maximum of 12 sessions. For extended treatment, prior written approval should be obtained from the Underwriter.

Not eligible for compensation are:

- speech therapy lessons;
- work and occupational therapy;
- pre- and post natal gymnastics;
- sports massage;

The Underwriter refunds the costs of treatment by a psychotherapist after a trauma occurred during the trip, prescribed or imposed by a physician. The com-

pensation will be attributed in conformity with the locally common tariffs for a maximum 3 sessions.

Art. 14. Costs of urgent dental care

The Underwriter reimburses the costs of acute medical necessary dental treatment up to the maximum amount stipulated in the benefits list.

Hereby is understood solely:

- the dentists' fees for pain stilling dental treatment. ;
- the eventual X-ray photos, prescribed or imposed by the treating dentist, made in connection with this treatment;
- the medicines, prescribed by a dentist;
- dental surgery after accident.

The Underwriter can, after having received a medical report of the dentist, refuse the dental costs if the teeth of the Insured person are in such a worse condition that dental treatment was inevitable, even before the trip.

Art. 15. Exclusions relating to Medical care

Additional to the general exclusions mentioned in the General conditions common to all covers (Art.4) and in the definitions of accident and illness (see Glossary point 7 and 8), there shall be no reimbursement for:

- cost of pregnancies (and childbirth);
- for the cost of fertility tests and fertility promoting treatments;
- contraception;
- venereal diseases, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive);
- each intervention when a trip is undertaken in order to undergo a (para) medical treatment;
- for cosmetic surgery and treatments, unless it is a matter of mutilation as a result of an accident or disease, occurred during the insured period of this contract;
- the development and/or the appearance of any form of hernia in whatever way;
- contaminations or epidemics which have been placed under the direction of public authorities;

- convalescent treatment;
- the costs for non-urgent care that can wait until return in the home country;
- dentures, glasses, contact lenses and hearing aids
- for the bare issue of medical certificates;
- infractions which the insured commits voluntarily against the laws which are in force abroad;
- transportation which has not been arranged by the Alarm Centre. However, expenses equivalent to the amount which the Alarm Centre would have paid shall be covered.

Art. 16. Special obligations in case of admission to a hospital

In case of admission to a hospital, it is necessary to call **THE ALARM CENTRE** before or, if not possible, as soon as possible during the admission, so that, in agreement with the insured or with his/her representative, and with the treating physician, and possibly with the family doctor, the measures which ensure best the interests of the insured, can be taken.

ASSISTANCE

Art.17. Repatriation or medical evacuation of the insured

In case the insured person has been hospitalized as a result of an illness or an accident occurring outside the home country, and the Alarm Centre's medical team considers it necessary to transfer him/her to a better skilled medical centre, or a centre in the Home Country, the Alarm Centre will organize, at its expense, the repatriation or transportation of the insured person, if necessary under medical surveillance.

In case the insured was transported to a better skilled medical centre abroad, in a second instance, repatriation to the home country can be considered, if necessary and insofar as this is warranted by the state of health at that time. If not necessary, a return ticket to the country where the insured person stayed at the

moment of incident will be made available by the Alarm Centre.

The decision concerning transport and the means of transport, will only be taken by the Alarm Centre's consulting physician and this in function of technical and medical importance.

It is made compulsory to have the Alarm Centre's physician's approval for every transport.

The Alarm Centre also takes charge of the organization and expenses for transportation of one person while accompanying the repatriated insured person to the place of hospitalization or the home country.

Art.18. Repatriation of the mortal remains

In case of death of an insured person, the Alarm Centre will organize the repatriation of the mortal remains and takes charge of:

- the post-mortem treatment;
- a coffin, limited as mentioned in the Benefits List;
- the transportation or the remains from the place of decease to the place of burial or cremation;

Art. 19. Assistance in case of loss or theft of travel and ID-documents

In case of loss or theft of travel documents and after the insured person reported it to the local authorities, the Alarm Centre will assist the Insured person to receive necessary documents and tickets to continue his/her journey or to return to his/her residence.

In case of loss or theft of identity documents, visas, driving licenses, insurance papers, registration documents, and the like, and after the insured person reported it to the local authorities, the Alarm Centre will assist the insured by advising and intervening at the local embassy, consulate and other official bodies for the disposal of the necessary identity certificates, and pay for the travel expenses to and from the embassy/consulate, limited as mentioned in the Benefits List.

Under penalty of decline of cover, the insured person has to report the loss or theft to the local authorities. Under no circumstances can the Alarm Centre, nor the Underwriter, be held liable for incorrect transfer of information provided by the insured person.

Art. 20. Legal assistance abroad

When the private rights or interests of the insured are at risk, due to incidents occurring during the stay of the insured abroad, with the exception of losses as a consequence of the possession, the keeping or the use of a motorized vehicle (except for wheelchairs for handicapped persons), the insured can claim a reimbursement of the costs incurred for legal assistance, without however exceeding the amount stipulated in the Benefits List, per claim, and only in relation to:

- the recuperation of the material and immaterial loss following a physical injury sustained by the insured person for which a third party is liable based on local legal provisions;
- the legal defense of the insured person in case the insured is sued in court for his/her private liability, under the laws of the country where he/she is, for losses inflicted to third parties, or after being guilty for involuntary offence of local laws.

Are covered the costs for the necessary legal assistance or those incurred by the Underwriter or Alarm Centre, insofar as these are not to be recuperated from a third party, namely:

- the costs linked to the investigation and the handling of the case;
- the costs linked to the calling in of lawyers, bailiffs, witnesses and experts.

The fees of the lawyer are not charged to the Underwriter or Alarm Centre if the lawyer is treating the case on a "no cure - no pay" basis. In this case it should be considered that the fees are included in the compensation for prejudice;

On the request of the insured and provided there is sufficient guarantee, the Alarm Centre will provide an advance for a maximum mentioned in the Benefits

List for:

- the payment of due legal proceedings and execution costs of the insured and the adverse party, with the exception of money deposited as security, insofar as an irrevocable legal judgement determines that these costs must be borne by the insured;
- the release of the insured if he/she has been placed under arrest after a traffic accident.

A similar advance or bail will be considered as a loan from the Alarm Centre to the insured, which he/she will reimburse in totality as soon as the amount of the bail is paid back to him/her in case of the dropping of legal proceedings, a verdict of not guilty or otherwise within the 30 days after the date on which the competent tribunal has pronounced the judgement.

Reimbursement to the Alarm Centre should in any case not occur later than 60 days after that advance has been made or the bail has been posted.

Additional to the general exclusions common to all covers mentioned in Art.4, there shall be no reimbursement for:

- damage or expenses following cases known – or reasonably should be known – by the insured person prior to the effective date of the contract;
- the cases in which the interest at stake is less than 250,00 EUR;
- the costs (including the costs linked to the calling in of a lawyer or an expert) which are incurred without the prior approval of the Alarm Centre;
- in case of malice, serious culpability or negligence on the part of the insured;
- the costs which are the consequence of omissions or faults of the insured in relation to the treatment of the case.

From the moment when the Underwriter or Alarm Centre has communicated to the insured that further treatment of the case has no reasonable chance of success, the insured can no longer make any claim for coverage except for the settlement of the dispute as described hereafter.

Settlement of disputes

In case of difference of opinion between the insured and the Underwriter on the result to be expected, or on the way to handle the case, the insured can, after agreement with the Underwriter to charge this to the Underwriter's account, submit the case to 1 lawyer of his/her choice who is expert in the field in question.

This has to be done as soon as possible, and in any case within 30 days after the Underwriter has communicated the insured its opinion on the result to be expected or on the way of handling the case, which is contested by the insured.

Should that lawyer share the Underwriter's point of view, then the insured can only proceed with the case at his/her own expense. Should the result show that the insured is wholly or partially vindicated, then the costs are reimbursed to a maximum of the sum mentioned in the Benefits List.

In the case the insured loses confidence in the designated lawyer who is handling the case, the insured can, at the Underwriter's expense, transfer the case to another lawyer, under condition that the Underwriter can reasonably share the point of view of the insured.

Art. 21. Specific conditions concerning Assistance Services

The assistance benefits are insured by the Underwriter. The organization and the execution of these services have been entrusted to the Alarm Centre. The implementation by the insured, or by one of his/her family members, of one of the services described above can only give rise to reimbursement if the Alarm Centre has been previously notified and has given its explicit approval for the means to be used, by opening a file number.

The costs incurred will only be reimbursed after presentation of the necessary supporting documents and within the limits for which the Alarm Centre has com-

mitted itself for the organization of the provision of assistance mentioned above. Only the additional costs, besides those, which the insured would normally incur for his/her return to his/her home country, are taken in charge.

If the Alarm Centre has organized the return trip of the insured and has borne the costs, the Policyholder, the insured and/or his/her beneficiaries are obliged to take the necessary measures to obtain reimbursement of the transport tickets which were not used and to reimburse the Underwriter for that amount within a delay of 30 days maximum. A surety will be asked.

When the Alarm Centre has expressed its approval for the change in the means of transport to be used or in the destination, these become contractually established, its financial participation can never be superior to the amount that had been foreseen for the execution of the original transport contract.

When the costs of hotel accommodation are taken in charge, the Underwriter only intervenes for the actual costs of renting a room, within the limits foreseen in the Benefits List, excluding all other costs. The Alarm Centre may only intervene within the limits of the agreements, which were granted by the local authorities. It may in no case take the place of local organizations for the provision of first aid services, and therefore would not bear the inherent costs.

The Alarm Centre or the Underwriter cannot be held responsible for the faults or for the wrong execution of its obligations as a consequence of circumstances outside one's control such as civil wars or war with a foreign country revolution, popular rebellion, insurrection, strike, sequestration or constraint by the police and/or by the local authorities, official prohibition, piracy, detonation of explosives, nuclear or radioactive effects, climatic obstructions.

Art. 22. Exclusions relating to Assistance

Additional to the general exclusions mentioned in

the General conditions common to all covers (Art.4), there shall be no reimbursement for:

- costs for conditions existing before the effective date of the contract, or which it was reasonable to expect, on the effective date of the contract or before, to be incurred during the period covered by the insurance.
- pregnancies after the sixth month;
- each intervention when a trip is undertaken in order to undergo a (para) medical treatment;
- infractions which the insured commits voluntarily against the laws which are in force abroad.

PRIVATE AND TENANT LIABILITY

Art. 23. Subject

The object of this Cover is to cover the insured against:

23.1 Extra-contractual liability during travel

The Underwriter covers the insured person against the financial consequences resulting from the extra-contractual liability, incumbent on the local legal prescriptions, for the damage caused to third parties, as far as it not covered by the employers' liability insurance or his/her private liability insurance.

23.2 Tenant liability to holiday home/hotel room/meeting room/offices rented by the insured,

and the contents, for damage caused by fire, explosion, smoke, water (overflow of recipients or blockage of outlet or waste pipes) and the breakage of glass plates and mirrors, as far as it is not covered by the employers' liability insurance or his/her private property or liability insurance.

By "damage", it should be understood: bodily injury or property damage as well as immaterial damage such as unemployment, loss of profit, deprivation of use or enjoyment, moral damage, under condition that it arises from corporal or material damage covered. Immaterial damages not arising from corporal or material damage are excluded.

The cover is granted with a maximum insured amount mentioned in the Benefits List, per claim and per insurance year.

Art. 24. Extent of the guarantees in time

The guarantee covers the damage that has taken place during the effective period of the contract and extends as far as to encompass claims that are introduced after the end of this contract.

Art. 25. Specific scope of stipulated risks

a) Is insured any bodily injury or property damage incurred by the insured for which he/she is personally liable under the existing laws of the country in which such injury or damage occurs.

b) Real estate and its content:

I. Is insured the damage, apart from that mentioned in Point II hereafter, for which the insured person is liable and caused by:

1. The building or the part of the building occupied by the insured person for a temporary stay;
2. The gardens, whether or not bordering on the above mentioned building as far as their surface does not exceed 1 hectare;
3. Insofar as these are part of the above mentioned buildings or are situated in the above mentioned gardens: the plantations, the outbuildings and premises, the pathways and the fences, as well as all movable goods fastened by means of permanent attachments, such as antennas;
4. The part of the building occupied by the insured person in a hotel or in a similar lodging house during a temporary or occasional stay for private as well as for professional purposes;
5. A part of the building temporarily occupied by the insured person for private purposes in a hospital, rehabilitation centre or care establishment;
6. The part of the building which does not belong to the insured person but which is temporarily used by the insured person at the occasion of a celebration

or a meeting;

7. The contents of the real estate mentioned in Points 1 to 6 above.

II. If the insured person is liable for it, is insured:

1. The damage caused by the effects of water originating in or transmitted by real estate or its content mentioned in Point I above;

2. The bodily injury caused by fire, by a conflagration, by an explosion or by smoke arising from fire or a conflagration, originating in or transmitted by the real estate or its content mentioned in Point I above;

3. The property damage caused by fire, by a conflagration, by an explosion or by smoke arising from fire or a conflagration, originating in or transmitted by the real estate mentioned in Point I, 2, 4, 5 and 6 above;

4. The property damage caused by the effect of water, by fire, by a conflagration, by an explosion or by smoke arising from fire or a conflagration, to the real estate mentioned in Points I, 1 and I, 4 above and its contents that do not belong to an insured person.

c) Means of transport and travel

1. Is ensured the damage for which the insured person is liable and caused:

- in the course of his/her private travel, among others as: owner, holder or user of bicycles and other cycles without engine, wheelchairs for handicapped persons (whether motorized or not);
- as a passenger of a vehicle of whatever type (with the exception of the cases for which liability is covered by a compulsory liability insurance for motor vehicles);
- as a pedestrian;

Art.26. Exclusions relating to Private and Tenant Liability

Additional to the general exclusions mentioned in the General conditions common to all covers (Art.4), there shall be no reimbursement for:

- the damage which falls under the extra-contractual civil liability subject to a legally compulsory insurance;
- claims arising out of or incidental to the insured's

business, employment or work;

• The damage for which the insured person is liable in his/her quality of leader, designated person or organizer, as a consequence of the actions of persons for whom he/she is answerable;

• claims arising as a consequence of the insured having incurred, by contract or in any other way, liability which is more extensive than that incurred under the general statutory provisions on non-contractual liability;

• Immaterial damage;

• The damage caused by the use of aircraft which belong to the insured person or have been taken on rental or are used by him/her;

• The damage caused by the use of sailing boats of more than 200 kg and of motor boats which belong to the insured person or are taken on rental or used by him/her.

• The damage caused by the practice of hunting activities as well as the damage to wild animals;

• The damage resulting from an intentional act by the insured person or resulting from the extra-contractual personal liability of the insured person who has reached the age of 16 years and which arises from:

- a situation where the alcohol content in the blood of the insured person reaches or exceeds the limit set by local law it, or in a similar situation which is the consequence of the use of products other than alcoholic beverages;

- participating in scuffles;

• The damage caused to animals, other movable goods and real estate property, which the insured person has under his/her responsibility, without prejudicing to what has been determined in Art. 23;

• The damage caused by lands and by gardens not included in the guarantee of the present contract;

• The damage caused by horses whether harnessed or not;

• The damage caused to horses, ponies and donkeys as well as to their harnesses, which the insured person has rented, borrowed or of which he/she is the depositary;

• loss of or damage to valuable collections;

• loss or damage to any family member, member,

colleague, employer, or co-traveller of the insured;

• loss or damage caused by the insured's domestic animals;

• claims arising as a consequence of the insured having transmitted a disease to another person via infection or otherwise.

Art. 27. Obligations of the insured person in case of damage

The insured person shall be obliged to:

• Transmit all documents necessary for the administration and all judicial and extrajudicial instruments concerning the damage to the Underwriter immediately after their notification, legal notice or handing over to the insured person;

• Appear at the hearings of the tribunal and submit himself /herself to the requirements of the enquiry decided by the tribunal.

In case the insured person does not comply with the above mentioned obligations, he/she shall compensate the Underwriter for any damage suffered by the Underwriter.

Art. 28. Conduct of the dispute

From the moment the Underwriter is obliged to provide coverage and in so far as it has been appealed to, it shall support the insured person within the limits of the coverage.

With respect to civil rights interests and in so far as the interests of the Underwriter coincide with those of the insured person, the Underwriter has the right to conduct all the negotiations with the injured party and the civil lawsuit. The Underwriter can make amends for the injury if there are any grounds for doing so.

These interventions of the Underwriter do not imply any recognition of liability on the part of the insured person and they must not cause him/her any prejudice.

The Underwriter pays for the costs of the civil defence of the insured person. The final damage compensation or the refusal to compensate shall be communicated to the insured person as quickly as possible.

Art. 29. Intervention in the administration of justice

- A sentence can only be objected to the Underwriter, to the insured person or to the injured party if they were parties in the lawsuit or if they have been called in the case.

Nevertheless the sentence which has been pronounced in a lawsuit between the injured party and the insured person can be objected to the Underwriter if it is established that the Underwriter itself in fact took control of the conduct of the lawsuit.

- When the lawsuit is introduced against the insured person by the criminal court, the Underwriter can be implicated in the case by the injured party or by the insured person and the Underwriter can intervene voluntarily, under the same conditions as if the claim had been brought before a civil court, but the criminal court cannot pronounce a judgement upon the rights which the Underwriter can put forward against the insured person or the insurance taker.
- The Underwriter and the insured person can each intervene voluntarily in a lawsuit that has been brought by the injured party against the insured person or against the Underwriter alone.
- The Underwriter can call upon the insured person in the lawsuit that is undertaken against it by the injured party. The insured person can call upon the Underwriter in the lawsuit that has been brought against him/her by the injured party.
- The policy holder, who is not the insured person, can voluntarily intervene or be called in the lawsuit which has been brought against the Underwriter or against the insured person.

Art. 30. Personal right of the injured party

The injured party has a personal right against the Underwriter. The compensation for damages owed by the Underwriter is due to the injured party or to his/her beneficiaries, to the exclusion of the other creditors of the insured person.

Art. 31. Opposability of the demurrers, nullity and abandonment of right

The Underwriter can only object the demurrers, the nullity and the abandonment of rights arising from law or the contract to the injured person in so far as these find their origin in an event previous to the damage suffered.

Art. 32. Payment of compensation for damages

The maximum amounts per case of damage, which the Underwriter can be obliged to pay, are determined by the amounts indicated in the Benefits List for each guarantee. All the damages, which can be attributed to one single event causing damages, constitute one and the same case of damage. The Underwriter pays for the interests on the principal due for compensation, the costs relating to civil proceedings, as well as the fees and expenses of the lawyers and the experts, even if they are above the insured sums, but only in so far as these costs have been made by itself or with its consent or, in case of a conflict of interest which cannot be imputed to the insured person, in so far as these costs have not been incurred unreasonably.

WHAT TO DO IF YOU NEED TO CLAIM

Please use the office hours contact details for all your claims and enquiries so as not to tie up the alarm centre with non-urgent requests. We strive to reply to all queries within 24 hours. Contact us on:

claims@expatinsurance.eu (office hours GMT +1)
+32 (0)2 463 0404 (office hours GMT +1)

To get reimbursed for other (medical) expenses, we kindly ask you to complete and send the according claim form to:

Expat & Co, Claims Dept.
Noordkustlaan 12
1702 Groot-Bijgaarden (Dilbeek)
BELGIUM

together with the ORIGINAL bills (no scans, no copies). All claim forms can be found on our website under 'claims'.

Please also note: travel tickets in case of an early return or repatriation **must be bought with Underwriter's or Alarm Centre's pre-approval**. You may run the risk of not being fully reimbursed if you buy the tickets first.

IN CASE OF AN EMERGENCY

If you find yourself needing to claim urgent assistance, or if you are hospitalised, call or e-mail the Alarm Centre for immediate support.

Tel: **+32 (0)2 669 0880** **24/7**
E-mail: **help@expatinsurance.eu** **24/7**
or: **claims@expatinsurance.eu** (office hours GMT +1)
Tel: **+32 (0)2 463 0404** (office hours GMT +1)

Download and save a copy of our
'what to do in case of a claim manual':
www.expatsinsurance.eu/pdf-files/claims_manual.pdf