

swisscare

Low cost Schengen visa insurance

General Insurance conditions ITVS-GIC-032020

Insured by





GENERAL CONDITIONS

- 1.1 General information for the insureds
- 1.2 Eligibility & territoriality
- 1.3 Insured person
- 1.4 Tax liability of foreign policyholders
- 1.5 Insurance sum
- 1.6 Application and premium payment
- 1.7 Currency and payment method
- 1.8 Validity of the cover & insurance period
- 1.9 Emergency cover
- 1.10 Cancellation of the insurance & refund of the premium
- 1.11 Additional conditions
- 1.12 Obligations in case of claim
- 1.13 Claims against third parties
- 1.14 Contacts & emergency assistance
- 1.15 General insurance exclusions

MEDICAL COVER

- 2.1 Inpatient treatments
- 2.2 Outpatient treatments
- 2.3 Medication
- 2.4 Ambulance & Transport
- 2.5 Medical repatriation
- 2.6 General medical exclusions

TRAVEL COVER

- 3.1 Search & rescue
- 3.2 Evacuation
- 3.3 General travel exclusions

LEGAL PROCEDURES

- 4.1 Applicable law
- 4.2 Conciliation
- 4.3 Complaints procedure
- 4.4 Sanction clause

VALIDITY

- 5.1 Validity of the terms and conditions

GLOSSARY

- 6.1 Definitions

BENEFITS LIST

- 7.1 List of benefits



GENERAL CONDITIONS

1.1 Information for the insured

The Insurer

Anker Insurance Company n.v., having its registered office at Paterswoldseweg 812 at 9728 BM Groningen, in these policy conditions referred to as “Anker”. Anker is registered with the Autoriteit Financiële Markten (AFM) (the Dutch Authority for the Financial Markets) under number 12000661 and is authorised by De Nederlandsche Bank (“DNB”).

The Assistance Provider and Alarm Service

VHD Alarmcentrale, Keulenstraat 6, 7418 ET Deventer, the Netherlands, is responsible for medical assistance during the insurance period or in the frame of other events enumerated in the insurance contract. The coverage and the conditions are determined by the insurance contract, any additional written agreements, the GIC's as well as the applicable legal provisions in force.

The GIC's are to be applied. On behalf and on request of the insurer, VHD Alarmcentrale provides emergency assistance and access to the insured persons.

Claims Department

De Goudse Verzekeringen, Bouwmeesterplein 1, 2801 BX Gouda, the Netherlands is responsible for handling the claims on behalf of the insurer.

Compliance

The insurers products may not be available in all jurisdictions and are expressly excluded from this policy where prohibited by applicable law, including but not limited to, anti-corruption laws and economic sanctions programs. Any such coverage will be null and void. The Travelgate policy does not replace participation in a state-run or local health insurance scheme or compliance to any other legislative requirements of any country whatsoever.

The insurer and policyholder/insured agree that, except as explicitly stated in the present GIC's of the insurance policy, nothing of value has been offered or provided by either of them or anyone acting on their behalf, in relation with this insurance policy.

Order of precedence of the clauses of the GIC's

The general clauses are only valid insofar as they are not contradicted by or in conflict with the provisions and clauses of the different types of coverage. In case of contradictions or conflict, the clause of the specific coverage shall prevail over the general clause.

What risks are covered and what scope does the insurance cover have?

The insurance application, the certificate and the corresponding General Insurance Conditions (GIC) stipulate the events upon whose occurrence the insurer is obliged to make a payment.

What insurance benefits are paid?

The amount and/or maximum limit and the type of insurance benefits can be gathered from the insurance application, the certificate and the corresponding GIC. The same applies to any deductibles or waiting period.

How high is the premium payable?

The amount of the premium depends on the insurance cover selected and on the insured risks. Details of the premium and the statutory duties and fees (e.g. Swiss Federal stamp duty) can be found in the quote, the insurance application or in the certificate and premium note. The premium is generally paid once a year. Other types of payment are possible on request, and may involve a supplement. If the contract is terminated early, the insurance broker reimburses the premium not spent in accordance with the statutory and contractual provisions.

What other duties do you, as policyholder have?

The essential duties of the policyholder include the following:

- in the event of a claim, it must be reported to the insurer immediately;
- the policyholder must cooperate in clarifications of the insurer, e.g. in clarifications in the event of a claim (obligation to cooperate);



- in the event of a claim, reasonable actions must be taken to mitigate loss (duty to mitigate loss).

When does your contract of insurance commence and end?

The contract commences and ends on the date stated in the insurance application and in the certificate. If proof of insurance or a provisional cover note was issued, the insurer will grant insurance cover from the date specified therein until delivery of the certificate.

Why is personal data processed, passed on and stored and what personal data is processed?

Data acquisition and processing of the business of insurance transactions, the marketing, selling, administration, mediation of products and the insurance and risk assessment, as well as the handling of insurance contracts and any secondary business associated with this.

The data is physically and/or electronically acquired, processed, stored and deleted in accordance with the regulations of the legislator. Data which concerns business correspondence must be stored for at least 10 years from contract termination and claims data for at least 10 years after completion of the claim.

In essence, the following data categories are processed: interested parties' data, customer data, contract and claims data, health-related data, data from injured parties and claimants as well as collection data.

The insurer is authorised to disclose all this data to the extent required to co-insurers and reinsurers, official bodies, insurance companies and institutions, central information systems of the insurance companies, other entities within the group of companies, cooperation partners, hospitals, doctors, external experts and other involved parties to obtain information from all of the above. This authorisation includes, in particular, the physical and/or electronic storage of data, the use of the data for determining the premium, assessing risk, processing insured events, combating abuse, preparing statistical evaluations and, within the group of companies, including cooperation partners, also for marketing purposes, including the creation of client profiles for the purpose of offering the applicant individual products.

1.2 Eligibility & territoriality

The insurance covers people who are temporarily staying in the countries of the Schengen area up to 182 days (e.g. for touristic or business trips), excluding the risk area mentioned under art. 1.11 C.

1.3 Insured person

The person stated on the insurance certificate, hereinafter referred to as "the insured".

1.4 Tax liability of foreign policyholders

General provisions: policyholders with their place of residence in civil law or habitual abode abroad are themselves responsible for ensuring that they comply with the relevant provisions of tax law. Policyholders should obtain information about the laws and regulations applicable in their country of domicile on the basis of an insurance relationship with the insurer and seek individual expert advice.

1.5 Insurance sum & deductible (excess)

The insurance sums and part sums stated in these general insurance conditions are the maximum sums payable by the insurer for all insurance events and claims occurring during the period stated in the insurance certificate. The maximum general insurance sum limits the total of all benefits arising during the period of insurance. No deductible applies under this policy.

1.6 Application and premium payment

The insurance must be applied for and the premium paid no later than at the time of departure. This insurance certificate is not renewed automatically. A new application is considered as a new insurance policy.

1.7 Currency & payment method

The currency used in the insurance is EUR. The payment methods for the insurance premium are bank transfer or credit card. The insurance broker and the insurer do not support any possible charges for bank transfer, credit cards or currency conversion. Cheques are not accepted as payment option.

1.8 Validity of the cover & insurance period

The insurance cover shall enter into force, when the insurer has accepted the application and informed the applicant on which terms the insurance will be issued, and the agreed premium has been paid to the insurer.

The period of the insurance cover is specified in the insurance certificate. When the insured has paid the premium, cover for medical emergency treatments are covered from the moment you arrive at your destination



and until you leave your destination to go to your home country (or when the certificate expires, if that is earlier than the date of his return). The maximum duration of the contract is 182 days.

If an insured person is admitted to hospital and the coverage ends after the policy expires, there is coverage until the first possible date of return to the home country of the insured.

1.9 Emergency cover

All benefits stated in the present insurance conditions and in the benefits overview are covered in case of emergency and / or medical emergency. Planned medical treatments considered as non-emergency are not covered.

1.10 Cancellation of the insurance & refund of the premium

The insurance policy can be cancelled and a refund claimed under the following conditions :

The insurer is willing to accept the cancellation and reimburse the insurance premium in the event that the insured or a rightful person is able to prove with original medical certificates, death certificate of the insured party, certification that they have been summoned by the authorities (police, judiciary or administrative) or with other original documents that there is an objective impediment to travel or, the insured does not obtain a visa for the country of destination. A visa rejection letter from an embassy or consulate must be sent to the insurer in order to be eligible for a refund.

The policy can be cancelled and a refund can be claimed only prior to the starting date of the period of coverage stated on the insurance certificate. After the start date, the policy cannot be cancelled and no refund can be claimed.

Refunding of the insurance premium will be made by the insurer using the same payment method and currency as that used by the insured. Any charges for bank transfer or credit cards are not supported by the insurer.

1.11 Additional conditions

- A The deadline for making a claim is 90 days (from the date of the event).
Payments wrongly received from the insurer must be returned within 30 days to the company, including any expenses incurred by the insurer as a result.
- B For the purpose of assessing whether a journey to a country is or is not reasonable because of strikes, unrest, war, terrorist attacks, epidemics, pandemics, etc., the local or national health authorities of the country of destination or of travel or the home country of the insured, shall as a matter of principle apply. We also advise you to follow the travel advice from the Ministry of Foreign Affairs (the Netherlands).
- C Insurance invoices are payable before the start date of the insurance.
- D The insurer pays its benefits in EUR. Foreign currencies are converted at the exchange rate of the day on which these costs were paid by the insured person.

1.12 Obligations in case of claim

- A The insured person must take all steps before and after the case of claim which can help avert or mitigate the consequences and clarify the circumstances of events/claims.
The company approval is mandatory for the following types of claims:
 - repatriation, medical evacuation, medical escort,
 - transport between two hospitals or medical centers.Exceptions are emergency transport by ground, air or sea which is medically necessary and if no other reasonable transport can be arranged.
- B At the request of the insurer or the medical adviser of the claims handler, the insured person may be asked to issue an authorization for obtaining medical information from the treating physician.
- C All expenses for claims must be paid in advance before the insurer will proceed to the reimbursement except:
 - admission in a hospital for inpatient treatments,
 - search and rescue.For the above two cases, the insurer must be provided immediately with the complete contact details of the hospital or authorities in order to issue a guarantee of payment.
The insurer claims are reimbursed only to bank accounts. The insured is required to mention on the claim form the bank details to which the insurer is to reimburse.
- D For all other claims the insurer must be notified immediately with a completed and signed claim form accompanied by all necessary documents including the following:
 - practitioner prescription,
 - police or authority report,
 - payment receipt, bank receipts, etc.



- original booking/invoice,
 - original receipt for various covered costs,
 - certificate of death or other equivalent confirmation (e.g. local authority or police report).
- Scanned documents are accepted in good readable quality. The insurer reserves the right to request original documents if deemed necessary.

Any documents have to be submitted to the insurer as soon as possible, however at the latest 365 days after the occurrence of the incident, proven by postal stamp or official certification, the insured must spontaneously and at his/her own expense, provide the insurer with the requested documents listed below. Beyond the delay of 365 days, no claim shall qualify for reimbursement and consequently the insured forfeits the right for reimbursement.

- E In case of culpable violation of the duties in connection with a claim, the insurer has the right to reduce the compensation by the amount by which the compensation would have been reduced in case of a conduct in accordance with such duties.
- F The insurer will not make any payments if:
- false representations are made,
 - facts are concealed,
 - the obligations (e.g. report on the facts of the case and receipts) are omitted, if the insurer suffers any loss as a consequence.
- G The insurer will not provide any cover and will not make any payments nor give any guarantee of payment if no insurance certificate is issued after online purchase. The insurer and the insurance broker decline all responsibilities in case of technical errors during the online purchase. For example, a credit card was charged but no policy/certificate issued.
- It is the responsibility of the applicant to verify that the online purchase was successful, and that the certificate was issued and received by e-mail, the paid amount is correctly charged and information accuracy on the certificate.
- H **IMPORTANT:** All documents that are to be provided must be translated into English. The insurer reserve the right to refuse refunds if the required documents are not translated

1.13 Claims against third parties

- A If the insured has been compensated by a liable third party or a primary liability insurance, any reimbursement on the basis of the present contract will be cancelled. If the insurer is in a place of the primary liable party, the insured must assign his liability claims up to the amount of the outlays to the insurer.
- B In the case of multiple insurance (voluntary or compulsory insurance) the insurer provides its benefits on a subsidiary basis, unless the Terms and Conditions of Insurance of the other insurer likewise contain a subsidiary clause. In that case, the statutory provisions concerning double insurance shall apply.
- C If the insured person has a claim on another insurance policy (voluntary or compulsory insurance), cover is limited to the part of the insurer benefits exceeding those of the other insurance agreement.
- D Costs will only be reimbursed once, even where there is more than one insurance policy with licensed companies.

1.14 Contacts & emergency assistance

Alarm Service

The Alarm Service is for emergency situations only.

Telephone: +31 50 520 9780
Email: travel@vhd.nl

It is available for you 24/7. We will offer advice concerning the steps to be taken and we will organise the necessary support.

Claims Department

Report a claim in your personal account online at www.swisscare.com or use the app. Always report claims as soon as possible.

Telephone: +31 50 520 9974
Email: swisscare@goudse.com



We are available from Monday to Friday during office hours. We will advise on how to report a claim and what details need to be handed over.

1.15 General insurance exclusions

Not insured are all claims, events or treatments:

- A where the assessor (expert, doctor, etc.) is a direct beneficiary of or is related by birth or by marriage to the insured person;
which are attributable to a consequence of acts of war or terrorism;
- B in connection with abduction;
- C which are a consequence of dispositions made by a public authority;
- D which occur on the occasion of participation in:
 - competitions, races, rallies or trainings with motor vehicles or boats,
 - competitions and training sessions in connection with professional sport or an extreme sport,
 - acts of daring (reckless actions), in which the person concerned knowingly exposes himself to a particularly great risk.
- E which occur whilst driving a motor vehicle or a boat without the legally required driver's license or in the absence of a legally required accompanying person;
which are caused by deliberate or grossly negligent action or omission or are the result of disregard of the common duty of care;
- F which occur under the influence of alcohol, drugs, narcotics or pharmaceuticals;
- G which occur on the occasion of the wilful commitment or attempted commitment of crimes and misdemeanours;
- H which occur by participation in extreme sports;
- I in connection with suicide, self-mutilation and the attempt to do so;
- J which are caused by ionising rays of any kind, in particular as a result of nuclear reactions;
- K in relation with a person who has been forced to leave their country in order to escape war, persecution, or natural disaster;
- L any costs incurred outside the geographical area, except as defined in the certificate.
- M Epidemics and pandemics

MEDICAL COVER

The travel insurance provides cover for medical benefits:

2.1 In-patient treatments

Hospitalisation and/or inpatient treatment in a general hospital ward are covered if medically necessary and not excluded according to art. 2.6.

2.2 Out-patient treatments

Treatment by a doctor and practitioners authorised to practise in the country in which you are treated (attending physician).

2.3 Medication

Medication approved by the State's authorities are covered.

Medication and wound dressings have to be prescribed by an approved certified medical professional. Medical professionals that are related or next of kin of the insured or policyholder will not be taken into consideration.

Medications that are not prescribed by an approved certified medical professional are not covered. When declaring the costs, you must submit a referral letter / recipe.

The prescribed medication has to be bought at the pharmacy. The purchase of more than one package of the same medication has to be written on the certified medical practitioners prescription.

Products such as pure alcohol for medical use, cotton, sun protection, products for dental care, shampoo, food for a special diet, mineral water, special sorts of wine, fresh or dried glands, contraceptives, cosmetics, sanitary products, anti-hair-loss products, insect repellent spray, etc. are non-medical substances and therefore not covered.



2.4 Ambulance & transport

Transport by air, sea or ground (ambulance, helicopter, ship, sled...) are covered in case of a serious injury, if medically necessary and if no other personal or public transport can be arranged.

Local transport by ambulance between hospitals must be prescribed by the attending physician or the insurer's doctor.

Ambulance transport following failed treatment are covered to the nearest appropriate treatment facility. It is a condition that the insurer's doctor, after contact with the attending physician finds that such ambulance transport is a necessary and responsible step.

2.5 Medical repatriation

Repatriation to your home/a hospital in your home country. It is a condition that the insurer's doctor, after contact with the attending physician, finds that such transport is a necessary and responsible step. The insurer decides, based on a medical assessment of your condition, whether you should be transported home by ambulance, ordinary means of transport, air ambulance etc.

The return of ordinary suitcases, clothing, toiletries, photographic equipment etc. which you had to leave abroad due to repatriation,

In the event of death either repatriation of body to undertaker/crematorium, including costs of statutory measures, e.g. embalming and zinc coffin or expenses incidental to cremation and/or burial at the destination if so desired by your close relative(s). The travel insurance covers a maximum amount corresponding to the cost of repatriation of the body.

If, as a consequence of a medical emergency which is covered by the insurance, you have been unable to follow the itinerary or been unable to return home as planned, and if you have not been repatriated, the insurance certificate covers additional cost for:

- travelling economy class to the destination where you should by this stage be according to your itinerary or return journey to your home country;
- accommodation at a hotel approved by the insurer and meals totalling up to € 200.00 a day, however meals totalling a maximum of € 40.00 a day when it is deemed by the attending physician or by insured's doctor that you can be treated as an outpatient rather than being hospitalised;
- moreover, the travel insurance covers additional costs in connection with the return journey of your own children/stepchildren aged under 18 and travelling with you in the same transport class as their parents/travel companions (not air ambulance) if parents and/or travel companions all travel home as a result of repatriation covered by the insurance.

2.6 General medical exclusions

The insurer is relieved of any obligation to provide its services in the following cases:

- A any pre-existing health conditions are not covered;
- B general check-ups, routine verifications, preventive medicine;
- C pregnancy, abortion and birth, together with any complications, and the consequences of contraceptive or abortion measures;
- D treatment of patients diagnosed with HIV, regardless of the reason for such treatment;
- E treatment or stays after returning to country of residence;
- F stays at recreational centres or health resorts;
- G treatment and hospitalisation when it is deemed by the insurer's doctor that treatment can wait until your return to your country of residence;
- H continued treatment and hospitalisation if you refuse to be repatriated when repatriation has been decided by the insurer's doctor;
- I repatriation organised by yourself which the insurer would not have recommended, if repatriation had been arranged by the insurer;
- J you not following the recommendations of the attending physician and/or the insurer's doctor;
- K replacing, renewing or repairing artificial limbs, dentures, glasses, contact lenses, hearing aids or other aids;
- L disorders of the teeth and jaw, tooth crown, fillings, whitening, replacement of a teeth and related treatments (only in case of emergency treatment);
- M conditions of fatigue and exhaustion, mental and psychosomatic disorders;
- N planned inpatient or outpatient treatments that are not considered as an emergency treatment;
- O services or treatment in any long term care facility, spa, hydro clinic, sanatorium, nursing home or senior-citizens home for the aged that is not a hospital as defined in this policy;
- P any costs relating to home nursing;



- Q treatment of any psychological or psychiatric disorders, and treatment of anxiety, stress, depression and phobic states, other than hospital confinement;
- R all expenses relating to vitamins, minerals and other supplements, including homeopathic remedies, irrespective of whether these have been prescribed or not.

TRAVEL COVER

3.1 Search & rescue

In case of a search action, the insurance cover if these 3 criteria are fulfilled:

- the missing person has been reported missing to the police or other public authority for at least 24 hours;
- the missing person has been seen within 120 hours (5 days);
- if the local authorities require that payment is made or a payment guarantee furnished before a search is launched.

The insurance covers all necessary costs of conducting a search for the missing person for up to 14 days and within a radius of 50 km of the place where the person was last seen.

In case of a rescue action, the insurance covers if these 2 criteria are fulfilled:

- the missing person's whereabouts have been determined and;
- the local authorities require that payment is made or a payment guarantee furnished before a rescue operation is launched.

An excess of 10%, or at least € 1,000.00 applies to any claim under this cover.

The insurance does not provide cover for search and rescue in connection with kidnapping or capture/hijacking, which would not have been incurred if the insurer had arranged the search or rescue operation or if the public authorities cover such costs for uninsured persons.

If a search or rescue operation is required, the insurer must be contacted. the insurer works with the Department of Foreign Affairs of the Netherlands and its international network when such cooperation is deemed appropriate for the operation.

3.2 Evacuation

The travel insurance provides cover up to the maximum sum amount in the event that:

- A evacuation or returning home is recommended or ordered by with the Department of Foreign Affairs of the Netherlands on the grounds of imminent danger of natural disasters, acts of terrorism, war or warlike conditions in the area in which the insured person is staying;
- B the local or national health authorities of the country of destination or the home country of the insured, advise against travel to, or recommends evacuation/returning to the home country on the grounds of imminent danger of life threatening epidemics, pandemics in the area in which the insured person is staying;
- C the insured person is directly and personally exposed to an act of terrorism.

The insurance covers expenses incidental to evaluation and/or additional expenses involved in travelling back to country of residence. You must travel at the earliest possible opportunity. Moreover, the insurer offers advice, guidance and planning assistance in connection with an evacuation. the insurer may in some cases be able to offer only limited assistance, e.g. in war zones.

3.3 General travel exclusions

The insurance does not provide cover:

if entering the area after the local authorities, the department of foreign affairs of the Netherlands or the department of public health of the Netherlands have advised against it or recommended returning home/evacuation;

LEGAL PROCEDURES

4.1 Applicable law

The parties agree that the insurance policy will be governed by the law of the Netherlands as long as another law which applies according to national regulations does not contain conditions which are not compatible with the law of the Netherlands.



The benefits of this insurance do not hinder the applicability of legal statutes and of the compulsory basic health care legislation pertaining to the host country to which the present conditions of insurance refer and which are thus part and parcel of the insurance contract within the limits of these references.

4.2 Conciliation

Before taking any judicial or arbitral action, each party agrees to contact the other party, in writing, within ten (10) days of the beginning of the dispute, in order to find an amicable settlement.

In the event that the conciliation was unsuccessful, the insurer undertakes to put a free internal opposition proceeding at the insured's disposal. The commencement of this proceeding does however not suspend the course of any legal or contractual delays or deadlines.

4.3 Complaints procedure

If an Insured has any complaint regarding the standard of service received under this insurance policy, the following instance can be contacted:

Anker Insurance Company n.v.
P.O. Box 8002
9702 Groningen
The Netherlands

Telephone: +3150 520 9905
E-mail: complaints@anker.nl

Disputes will be submitted to a competent Court in Rotterdam.

In case of a judicial procedure, the dispute regarding the interpretation and implementation of this contract falls under the exclusive jurisdiction of the Netherlands. This does not impair the application of mandatory, conventional or legal, provisions concerning the place of jurisdiction. Moreover, the parties remain free to use, by means of an agreement in writing, the possibility of arbitration of one or three arbitrators.

4.4 Sanction clause

The insurer shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the Netherlands, the European Union, United Kingdom or United States of America.

In case of a judicial procedure, the dispute regarding the interpretation and implementation of this contract falls under the exclusive jurisdiction of the Principality of the Netherlands. This does not impair the application of mandatory, conventional or legal, provisions concerning the place of jurisdiction. Moreover, the parties remain free to use, by means of an agreement in writing, the possibility of arbitration of one or three arbitrators.

VALIDITY

5.1 Validity of the terms and conditions

The present insurance conditions are valid from 01.03.2020 and replace all previous conditions governing the same product.

GLOSSARY

6.1 Definitions

For the purpose of this insurance, the following terms are defined as follows:

Abroad Abroad is deemed to be not the country in which the insured person has their permanent residence.



Applicant	The applicant is the person who applies for the insurance. The applicant is responsible to verify the online purchase was successful, and that the certificate was issued and received by e-mail, the paid amount is correctly charged and information accuracy on the certificate.
Accident	An accident is a sudden unintended harmful effect of an unusual external factor on the human body which results in an impairment of the physical, mental or psychological health or death.
Country of residence	The country of residence is the country in which the insured person has their place of residence in civil law or habitual abode or last had their place of residence in civil law or habitual abode before the commencement of the insured stay.
Emergency	Is an unforeseen or sudden occurrence, esp. of a danger demanding immediate remedy or action
Epidemic	An epidemic is an infectious disease occurring at above-average levels and limited in time and space (e.g. influenza).
Extreme sport	The practice of unusual sporting disciplines, in which the person concerned is exposed to very great physical and psychological stresses (e.g. Ironman Hawaii distance, base jumping, extreme skiing or hiking).
Gross negligence	Gross negligence is committed when a person breaks an elementary rule of caution which, under the same circumstances, would have been imposed on any reasonable person.
Home Country	The home country is the country of nationality mentioned in the passport of the insured. If the insured person holds more than one passport, the home country will be that country, which has been mentioned from the insured during the application process.
Hospital	An institution for the nursing, examination and treatment of patients and/or injured persons, which is generally recognized as such by the official, legally competent authorities.
Illness	Illness means any impairment of the physical, mental or psychological health which is not a consequence of an accident and requires a medical examination or treatment or results in incapacitation from work.
Inpatient treatment	Inpatient treatment is surgery of patients whose condition requires admission to a hospital.
Insured person	The insured person is the persons named in the insurance certificate.
Medical emergency	A medical emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long term health.
Outpatient treatment	Outpatient treatment is medical treatment that does not require admission to a hospital.
Pre-existing conditions	A pre-existing condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application for the insurance or at any time during the six months prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date of the insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising there from.

It is strongly recommended that the insured undergoes, at his/her own expense, a thorough medical check-up prior to the taking out an insurance coverage.



Robbery

Theft which is accompanied by threats or violence.

Terrorism

The term terrorism means any act of violence or threat of violence to attain political, religious, ethnic, ideological or similar ends. The act of violence or threat of violence is liable to spread fear or terror among the population or parts of it or to influence a government or state institutions.

Vehicle

A vehicle is considered as a mobile machine, sport or leisure equipment that carries and/or transports people individually or in groups by ground, sea or air.



BENEFITS LIST

7.1 List of benefits

List of benefits	
Maximum cover per person per trip	€ 30,000.00 / USD 50,000.00 / CHF 50,000.00
Maximum days per trip	182
Duration of the contract	1-182 days
Territoriality	Schengen Area
Home/place of residence	No
Emergency treatments	Yes
Hospitalisation / inpatient treatments	Yes
General practitioners / outpatient treatments	Yes
Prescript medicine	Yes
Medical repatriation	Yes
Evacuation	Yes
Search and rescue	Yes
Repatriation of mortal remains	Yes
Ambulance & transport	Max. € 5,000.00
Medical alarm assistance (24/7)	Schengen Area
Claims	postal mail or e-mail
Max entry age	70