

TERMS AND CONDITIONS OF GROUP MEDICAL ASSISTANCE AND INSURANCE
('Atlasz Corporate Card')

Briefing on the Hungarian Branch Establishment of QBE Insurance (Europe) Limited: QBE Insurance (Europe) (seat: Fenchurch Street 30, London EC3M3 BD United Kingdom, name of Registry Court: Companies House, registry number: 01761561), carrying on its insurance activity on the territory of the Hungarian Republic through the Hungarian Branch Establishment of QBE Insurance (Europe) Limited (1143 Budapest Stefánia út 51., registry number: Metropolitan Court as Registry Court Cg. 01-17-000514; phone number: (36-1) 460-1400, address of correspondence: 1143 Budapest, Stefánia út 51.). The Insurance Company carries on its activity with the activity permission of Pénzügyi Szolgáltatások Felügyelete (Financial Services Authority, 25 THE NORTH COLONNADE CANARY WHARF LONDON E14 5HS).

I. GENERAL CONDITIONS

1. The *QBE Insurance (Europe) Limited* (hereinafter called as Insurer) upon receipt of insurance premium shall undertake the obligation of providing the below assistance and insurance services in relation of events listed in the contract and having occurred abroad:

- Medical Assistance and Insurance
- Travel Assistance and Insurance
- Accident Insurance
- Luggage Insurance

2. How the Insurance Contract Shall Be Concluded?

Contracting Party shall buy an insurance package for Group Assistance and Insurance for a defined number of days.

The Insurer shall issue an insurance policy for "Group Assistance and Insurance" for the Contracting Party and shall simultaneously provide the Contracting Party with a defined quantity of plastic cards.

3. When the Insurance Shall Come into Force and How Long Shall it be Effective?

The insurance shall come into force on the day after the first instalment of insurance premium has been transferred to the account of Insurer or has been paid to their cashier unless otherwise agreed by the parties.

The Insurer shall undertake the risk for the number of days defined in the contract. The insurance is valid for the Insured(s) given by the Contracting Party - in the way described in point 5 - for the period of their travelling abroad.

The number of travel days can be used regardless of the number of Insured(s) during several trips abroad until the 31st of December of the year coming after the year of inception.

The Insurer shall inform the Contracting Party about the number of travel days, when 75% of them have been exhausted. In case the Contracting Party shall not buy further travel days the

insurance contract shall be considered as cancelled simultaneously with the exhaustion of travel days or on the 31st of December of the year coming after inception, and the Contracting Party should send the plastic cards back to the Insurer within two working days. If any expenses shall occur or losses be suffered by the Insurer because the Contracting Party have failed to return the plastic cards to them the Contracting Party shall be held liable.

4. Who Shall Be the Contracting Party?

The Contracting Party is the entity who shall enter into the insurance contract on behalf of the Insured(s) and shall pay the premium for the insurance.

5. Who Shall Not Be an Insured?

Persons of foreign nationality having no documents of identification issued by Hungarian authorities and intend to visit their residential country shall not be insured.

If the insurance contract is concluded despite of the existence of this condition, the insurance shall be considered as void and the insurance premium shall be returned.

Persons working abroad as representatives for long term, persons having long term job contracts and their family members, natural persons who are considered to be currency foreigners, who is not allowed to be insured according to the always actual currency regulations shall not be insured.

Should the insurance contract be concluded on behalf of anyone listed above the insurance shall be considered as void.

6. Who is/are the Beneficiary/ies?

The Beneficiaries are the persons named by the Contracting Party with written consent of the Insured and in accordance with point 10 of the insurance contract are entitled for the services of the Insurer.

The Beneficiary can be changed at any time during the period of insurance with a mutual written declaration of the Contracting Party and the Insured to the Insurer.

7. The Territorial Limit of the Insurance?

The insurance is valid for all countries of the world except Hungary.

8. What is the Limitation of Taking out Insurance More Than Once?

For one period of time only one insurance can be taken out. Should the Insured be in possession of more insurance covers the Insurer shall indemnify the Insured only on the basis of one, the most favourable cover and shall reimburse the premium of other insurance covers providing the same or different conditions of accident, medical or luggage insurance.

9. How the Insurance Premium Shall Be Defined?

The insurance premium shall consist of the basic premium and the extra premium payable for the blue collars.

The basic premium shall be defined in respect of the following time intervals:

For the period of 1 day to 100 days a hundred day premium,
and
as from the 101st day a per day premium shall be defined.

For travellers abroad for physical work + HUF 100 per day premium shall be calculated as an **extra premium**.

10. Who Shall Be Entitled for the Insurance Covers?

In case the Contracting Party and the Insured shall not otherwise agree before entering into contract the Insurer shall reimburse the sums insured - for which the Insured is entitled to in his/her life - and luggage claim settlement to the Insured according to the conditions of the insurance policy.

When the Insured shall not appoint a beneficiary as per point 6 in case of accidental death of the Insured the sum insured shall be payable to his/her heir(s).

The indemnification for accidents or luggage claims shall always be payable in HUF with consideration of the valid foreign currency provisions.

Other services shall be provided by the Insurer for the Insured or for persons defined as per points 22, 23, 24, 25, 26, 27, 29.

11. Cases When Insurer Shall Not Be Obligated to Pay Indemnification for the Insured?

The Insurer shall not be obliged to indemnify the Insured if

- the Contracting Party fail to report the data of the Insured(s) in advance in writing,
- the Insured travels abroad for the purpose of physical work and the Contracting Party fail to effect payment of the extra premium,
- the Insured has already left Hungary when the insurance has become effective,
- the Insured and the Contracting Party fail to fulfil their obligation of disclosure of material facts and the insured event occurs in cause and effect relation of this undisclosed circumstance,
- the damage was caused by breach of law or wilful misconduct and serious negligence of the Insured or the Contracting Party, or their family members, or they fail to meet their obligation of loss prevention and mitigation.
- Foreign citizen not having permanent residence , social insurance card, tax identification number in Hungary and travels to the country of his permanent residence,
- the Insured is a foreign citizen and travels to his/her residential country,
- the trip takes longer than 60 days and it was not previously approved by the Insurer
- the Insured fails to report the insured event in accordance with the provisions and due to this important circumstances become non-disclosable.

12. Risks Excluded from the Insurance Contract

The following risks are excluded from the contract:

- non-material loss or damage,
- damages caused by the Insured to third persons,
- events arising during sporting activity,

- events due to breach of provisions of the transport company,
- the Insurer shall not be held liable for liability claims occurring as a result of medical malpractice of service providers contracted by the Insurer or their partners.

Furthermore the scope of cover shall not extend to:

- losses covered by other insurances,
- losses due to explosion of fissile materials, nuclear reaction, radioactive radiation, ionising and laser radiation,
- any liability or claim or suit resulting from exposure to any actual, alleged or threatening or existing discharge, release, leakage or generation of “electromagnetic radiation,” or from exposure to “electromagnetic radiation” originating from electric cables and equipments, or from any other energy or electricity actually or allegedly traceable in the air, space, atmosphere, soil or water,
- costs of administrative or regulatory procedures, costs of elimination or reduction or specification of “electromagnetic radiation” or exposure to “electromagnetic radiation”,
- damages due to asbestosis, and damages related to exploitation, processing or working of asbestos or asbestos-containing materials,
- damages due to mould, mildew, fungus decay, spores and any other type of losses of similar features caused by micro-organisms or damages related to the afore-mentioned, including all kinds of materials the presence of which actually or allegedly threatens human health,
- any liabilities resulting from sharing of loss and from the joint and several liability of recovering losses and are due to personal injury, material damage or costs resulting in relation with the above points a) and b),
- any liability, claim or suit resulting from any review, instruction, recommendation, notification or advice, given or should be given related to the above points a) and b).

Subject to this insurance contract “electromagnetic radiation” shall include, but shall not be limited to, magnetic energy, waves, fields or forces, which are generated, produced, distributed, forwarded or maintained by electric charge, electric power, frequency or force.

Any provision included in the wording and the terms and conditions of this insurance contract to the contrary, losses and damages or any type of costs and expenses caused directly or indirectly by any of the following items, irrespectively to that if any other reason or event contributes to the occurrence simultaneously:

- war, invasion, acts of foreign enemy, hostilities or warlike activities (whether war be declared or not), civil war, resurrection, revolution, insurrection, civil commotions, including if this emerges into resurrection, military or usurped power, or biological or

chemical infection, missiles, bombs, grenades, explosives.

Subject to this insurance contract act of terror shall mean any act including, but not limited to application of force and/or aggression or threatening with it committed by any person or group of persons, should they act individually or in the name of or related to any organisation or government with either political, religious, ideological or ethnic purposes or reasons, including influencing the government and/or threatening publicity or any part of publicity. With exception to emergency ambulance treatment related to acts of terror, if the target country is not listed on the homepage of the Magyar Köztársaság Külügyminisztériuma (~Ministry of Foreign Affairs of the Republic of Hungary) at the beginning of the insured period; this homepage includes the countries not recommended for travelling to (see: [www.kulugyminiszterium.hu-konzuli-információk](http://www.kulugyminiszterium.hu-konzuli-informaciok)).

This insurance contract shall not cover any type of direct, indirect or consequential damages, losses, costs or expenses caused by, resulting from reviewing and preventive action, or which can be related to such actions or which can be related to the above points (1) and/or (2) in any way. If according to the Insurer's opinion any occurrence, loss, cost or expenditure is not covered pursuant to this exclusion, evidencing the contrary shall be the task of the Insured.

Any damage or damaging, resulting directly or indirectly from disadvantageous loss of data arising in IT-systems, computers, integrated circuits, electric or electronic controlled machinery, any disadvantageous alteration occurring due to deletion, defect or torsion of the original configuration of any software or computer programmes shall be excluded from the cover. Losses and consequential losses caused by computer viruses or resulting from data recognition defect of computer systems are also excluded.

13. What is the Duty of the Insured in Case of an Occurrence?

The duties of the Insured:

- all facts and data related to the occurrence shall be reported to the Insurer or their Partner within the shortest possible time (for instance by calling the non-stop available Budapest number of 460-1500)
- loss or damages should be avoided or mitigated, and while doing this guidance of the Insurer shall be observed,
- claim for damages - meeting also the claim's reporting requirements of the contract - shall be submitted within 15 days after arrival home,
- all evaluations in connection with the reasons of occurrence, the extent of loss and the extent of claim settlement shall be made possible the Insurer.

14. When Shall Claims Be Settled?

The Insurer shall pay the claim to the claimant in accordance with the sums insured stipulated in the insurance contract within 15 days after the receipt of all documents (the last document) necessary for claims settlement. In case the Insurer have indemnified the Insured the Insurer shall have the right of recourse against the person responsible for the loss or damage except this person lives in the household of the Insured.

Settlements of claims under the present insurance contract for private entities shall be ruled by the law about personal income tax (currently effective Act No. CXVII of 1995)

15. Lapse of Claims

Claims payable under this contract shall lapse in two years within the occurrence.

16. Confidentiality Obligation

All data and information - not considered as a government secret - available for the Insurer, the Insurance Broker and the Insurance Consultant considering the private circumstances, economical situation, businesses or insurance contracts of the clients (including also the claimant) are subject to confidentiality obligation.

Regarding confidentiality, unless otherwise governed by law, confidentiality obligation should be observed by the owners, officers, employees of the Insurer and all those who had access to these information during their activity in connection with the Insurer.

Information subject to confidentiality obligation shall only be disclosed to third parties if

- a) the client of the Insurer or his/her representative shall give authorization in writing upon exact classification of the scale of information to be disclosed,
- b) the confidentiality obligation shall not be observed due to law provisions

The confidentiality obligation shall not be observed in case of:

- a) Insurance Supervisory Office acting within its scope of control,
- b) investigating authority and prosecutors office proceeding in a criminal procedure in course,
- c) any court proceeding in criminal case, civil case, bankruptcy, or liquidation or furthermore independent court executor acting in any case of execution,
- d) cases of heritage with Notary Public,
- e) tax authority as prescribed by law,
- f) state defence service acting within its scope of control,
- g) any insurer, broker, consultant, Hungarian representation of third country insurance company, independent broker or consultant, their organisations representing the interests thereof, Office of Competition acting within its supervisory activity related to insurance activity, insurance brokerage and consultancy,
- h) public guardianship authority acting within its scope of control,
- i) health authority as described under section 2. par 108 of Act. CLIV of 1997 on health affairs,
- j) any organ authorised for application of secret service devices and collection of confidential information upon existence of specific conditions stated in any separate law,
- k) reinsurance with re-insurer or in case of co-insurance with co-insurers,
- l) any office keeping policy records in respect of data forwarded within the scope of data supplies stated in the above Act,
- m) portfolio transfer in relation of the insurer taking over the portfolio,
- n) information necessary for claim settlement and enforcement of claims organ managing the claim account, Information Centre, unit of claims management and the claims manager,
- o) outsourcing in relation of the information necessary for carrying out the outsourced activity

p) branch office – when conditions requested by the Hungarian law provisions regarding information handling are met in respect of all data and the country of the third party nationality insurer have the respective law provisions meeting the Hungarian legal requirements in respect of third party nationality insurer, insurance broker, insurance consultant when authorities or persons as per point a)-p) ask them for information containing the name of the client, the reference no. of the insurance contract, the kind of data requested, the aim and proof of asking for the information. The indication of law provision authorizing for the possession of the information shall be considered as legal basis.

The Insurer shall be obliged to provide information for the investigation authority or the state defence services when there is a suspect of correlation between the insurance contract and

- a) drug dealing,
- b) terrorism,
- c) illegal trade of arms or
- d) money laundering.

The confidentiality clause shall not be breached when the Insurer shall forward the information to a third party nationality insurer or a third party nationality data processing company in case the client of the Insurer has given his/her written consent and the requirements of the Hungarian law provisions are met by the conditions of the data processing in relation of all information furthermore the country of the third party nationality data processing company have the law provisions governing data protection up to the requirements of the Hungarian law provisions.

The Insurer shall handle the private information as confidential while the insurance contract is in effect or during the time when any demands shall be raised in relation of the insurance contract, the information in respect of insurance contracts which shall not be concluded are handled as confidential until any demands may arise in respect of non conclusion of the insurance contract.

The Insurer shall handle the private data of the Insured (Contracting Party) upon their consent. For special handling of information or handling of private data abroad the written consent of the Insured (Contracting Party) shall be necessary.

The Insured (Contracting Party) can ask for information on the handling of his/her private data, he/she can ask for correction of these pieces of information or can ask for the cancellation of these data except for data handling prescribed by law. The Insurer as data handler shall be obliged to provide information for the Insured on the data handled by them, on data handling and on its circumstances as prescribed by law.

17. Customer's Service Unit

The Customer's Service Unit of the Company:

QBE Insurance (Europe) Limited (1143 Budapest, Stefánia út 51).

Further Customer's Service Facilities in case of any claims regarding the activity of the Company:

- State Supervisory Authority of Financial Institutions (1013 Budapest, Krisztina körút 39.),

- Authority for Customer's Protection (1088 Budapest, József krt. 6.),
- Arbitration Court of Chamber of Economy applicable according to the residential are of the Insured (Contracting Party, Claimant, Beneficiary, Assignee etc.) or the Arbitration Court of Chamber of Economy authorized according to the seat of the organisation appealing for court decision in accordance with par. 28(2) of law No. CLV of 1997 on Customer's Protection,
- Central District Court of Pest (1051 Budapest, Markó u. 25.) or the Court of Budapest (1051 Budapest, Markó u. 27.) (See point I.19.)

18. Concerning issues not dealt with under the present contract the provisions of the Civil Code shall prevail. The parties shall approve subject to the value of the law suit the exclusive authority of the Central District Court of Pest or the Court of Budapest.

The present contract shall be governed by Hungarian jurisdiction.

19. Obligation of Disclosure of Material Facts and of Changes in Material Facts

The Insured shall be obliged to disclose to the Insurer all important circumstances known or should be known for him/her at the time of the conclusion of the contract.

The parties may agree that the Insured and the Contracting Party should inform the Insurer in writing on all changes in material facts as defined in the contract within certain time.

In case the Insurance shall be taken out not by the Insured but by a third party on his/her behalf the insurance premium shall be paid by the Contracting Party until the time of an occurrence or the inclusion of the Insured, all legally binding declarations shall be addressed to him and he shall be obliged to make legally binding declarations.

The obligation of disclosure of material facts and of changes in material facts shall be observed both by the Contracting Party and the Insured, none of them may defend themselves by not knowing any circumstance and change in material facts which they missed to report and disclose to the Insurer nevertheless they should have known that fact and they should have been obliged to disclose that fact.

II. MEDICAL ASSISTANCE AND INSURANCE

20. What Is Covered under the Medical Assistance and Insurance?

The Insurer after the telephone call received by them or by their partner shall provide medical assistance services and undertakes to bear the costs and expenses of medical aid in accordance with the hereinafter detailed conditions for the Insured in case the Insured shall become ill or shall have an accident abroad during the period of insurance. The Insurer shall render these services exclusively in case of emergency.

The case shall be considered as an emergency case when the postponement of medical aid should

expectedly jeopardise the life or the physical ability of the Insured or it would result in irreparable harm in health and physical ability of the Insured, as well as when the Insured should receive immediate medical assistance due to the signs of the illness (unconsciousness, bleeding, epidemic acute disease, etc.) or in case of sudden severe health deterioration.

The Medical Assistance Services of the Insurer:

The Insurer or their correspondent

- shall send a doctor to the place of stay of the Insured within the shortest possible time or shall provide the Insured with the name and address of a doctor,
- shall provide further medical assistance for the Insured when it is necessary, or shall organise that,
- shall organise an ambulance car or a taxi to take the Insured to the doctor or to the hospital in case the Insured is unable to walk,
- in case of hospital treatment:
 - a.) when the status of the patient makes it possible, the Insurer shall reserve the right to have the patient - instead of treated in a hospital abroad - transported to Hungary either escorted by a doctor or other person and shall arrange his/her treatment in the respective medical institute. The time, necessity and way of doing shall be defined by the Insurer upon preliminary consultation with the doctor or the medical institution providing the medical treatment for the patient.
 - b.) the Insurer shall be in continuous contact with the doctor and medical institution providing the treatment and undertake to permanently inform one relative of the Insured about the status of the Insured.

(Close relatives in accordance with par. 685. b. of the Civil Code:

spouse, direct line relative, adopted, step-, foster-child, adopting, step- and foster-parents and sister or brother, further close relatives: life partner, spouse of direct line relative, fiancé, direct relative and sister or brother of the spouse and spouse of sister or brother.)

The Health Insurance Services of the Insurer:

- exclusively in case of emergency - the Insurer within the period of insurance - shall provide cover up to the limit of EUR 60.000 (or equivalent of other currency) in case of sickness or accident. **The above costs shall be born by the Insurer if the Insured or his/her representative or the institution providing the medical care asked for medical assistance from the Insurer or its correspondent or if he/she did not have a chance for doing this he/she advised the Insurer or their correspondent about this within the shortest possible time (but within max. 24 hours) and the Insurer or their correspondent has given their permission. In case the Insurer have not been notified the costs and expenses occurred shall be born by the Insurer subsequently only up to max. EUR 150.**

Services Covered by the Insurer:

- medical examination
- medical treatment,
- hospital care for maximum 30 days or until the date when the status of the patient will allow the

transportation to Hungary, upon consultation with the doctor responsible for the patient, for further medical treatment),

- emergency surgery, emergency care
 - extra expenses of placement in a one or two bed room,
 - emergency care in case of delivery before the 28th week of pregnancy,
 - medicines prescribed by a doctor, with subsequent settlement against original receipt
 - artificial arms and limbs, crutches, wheel chairs and other medical equipment, devices and tools rented upon prescription of a doctor,
 - spectacles - substituted upon doctor's prescription - due to accident causing bodily injury to be treated by a doctor up to the limit of EUR 100,
 - exclusively emergency dental care, direct treatment for pain killing, for the max. of two teeth up to the limit of max. EUR 120,
- as reasonable and common - without selection of a doctor - for general level of care taking into consideration the average rates of medical services at the place of occurrence.

The Insured shall reveal the doctor carrying out the examination or treatment from the confidentiality agreement towards the Insurer of their correspondent.

21. What Is Not Covered by the Medical Assistance?

The medical assistance shall not cover:

- any medical care or medicines which become necessary as a consequence of previous medical status,
- any medical examination which is not necessary for the definition of the diagnosis or the treatment,
- any medical care which become necessary not as a consequence of acute sickness or accidental injury,
- those extra expenses which exceed the reasonable and regular costs occurring in the country where the services were provided for the Insured,
- the extra expenses of hospital care occurring due to the fact that because of the decision of the Insured the Insurer were not able to arrange transportation (should even a special way of transportation have been required) of the Insured for further treatment to Hungary even if otherwise it would have been possible from medical point of view,
- the expenses exceeding EUR 150 in case of claims when claim amount is more than the above limit if the Insured or his/her representative, or the medical institution rendering the service, or the doctor carrying out the treatment have failed to apply for approval of the Insurer within 24 hours,
- the expenses of transportation of the Insured to Hungary without prior consent of the Insurer,
- surgery which should have been postponed without exceeding the level of reasonable risk to be undertaken,
- recreation,
- treatment of psychiatric illnesses,
- physiotherapy, acupuncture, natural medical treatment, or chiropractical treatments,
- treatment or taking care provided by a family member,
- medical or hospital care which has become necessary because of being under the influence of alcohol (above the level of 0,80‰ alcohol in blood) or drugs, or which become necessary due to

a reason related to this,

- vaccination,
- routine, check up or prophylactic examinations,
- diseases spreading through sexual contact,
- Acquired Immune Deficiency Syndrome (AIDS), or diseases in relation with this,
- contact lens,
- suicide, or any suicide attempts, or expenses arising due to criminal acts deliberately committed by the Insured,
- medical care provided in relation of an accident occurring in the course of carrying out physical work by profession, unless additional premium has been collected,
- dental care in case of more than two teeth,
- definitive dental treatment, orthopaedic treatment of jaw, regulation of denture, paradontologic treatment, removal of tartar, treatment of dental root, replacement of tooth, crown, bridge.

22. How Shall Be Claims Settled?

- In case the Insured has received medical assistance services the foreign medical institution, healing and treating organ (person) shall submit their invoice directly to the Insurer or its Partner.
- In case the Insured upon notifying the Insurer about the insured event as requested has paid for the medical service on the spot, the claim shall be settled by the Assistance and Claims Department of *QBE Insurance (Europe) Limited* (1143 Budapest, Stefánia út 51. Phone: 460-1500 Fax 460-1515) after the arrival of the Insured back to Hungary in accordance with the respective currency provisions in effect.

Medical services taken without prior consent of the Insurer shall be covered only up to the limit of max. EUR 150.

The following documents shall be required for claims settlement:

- complete medical documentation proving the emergency treatment,
- original invoices issued by doctors or pharmacies abroad,
- claims form of the Insurer completed by the Insured or his/her heir, or the Beneficiary,

In case of accident besides the above documents: the survey report taken in the foreign country, or the certificate confirming the accident and the injury and its circumstances, and in case of death of the Insured the pathologist's report shall also be necessary

III. OTHER TRAVEL ASSISTANCE AND INSURANCE

In case the Insured is entitled for the covers under point II, the following additional covers shall be granted by the Insurer:

23. Visiting of the Patient

In case the life of the Insured is in danger or he/she should stay in Hospital abroad for longer than

10 days the Insurer shall arrange the re-tour trip (based on the decision of the Insurer: by reimbursement of the fuel expenses of a car, by paying for a train ticket for second class, or an aeroplane ticket for economy class) of a person - having a registered residential address in Hungary - defined by the Insured and shall also pay for the hotel accommodation arranged

for 7 nights the maximum up to the limit of EUR 120/night.

Expenses related to visiting the Patient without prior consent of the Insurer shall not be covered.

24. Cover for Telephone Calls

In case the Insured shall undergo an emergency treatment in a hospital exceeding 48 hours during his/her staying abroad the Insurer shall cover the costs of telephone calls evidenced by invoices from the hospital to the relatives of the Insured up to the limit of:

EUR 40 in Europe

EUR 80 outside Europe

25. Prolongation of Stay

In case the Insured should extend his/her stay abroad (when it is necessary because of medical point of view or because the transportation to Hungary can be arranged only at a later date) the Insurer shall arrange hotel accommodation and shall cover its expenses for

7 nights the maximum up to the limit of EUR **120**/night.

The Insurer shall undertake to ensure hospital accommodation for the relative of the Insured travelling together with him/her during his/her stay in a hospital or in case he/she has to extend his/her trip after hospital care for

7 nights the maximum up to the limit of EUR **120**/night

and the Insurer shall also arrange his/her travelling back to Hungary together with the Insured and shall bear its expenses (based on the decision of the Insurer either by reimbursement of the fuel expenses of a car, paying for a train ticket for II class, or aeroplane ticket for economy class).

The expenses of staying abroad without prior consent of the Insurer shall not be covered.

26. Repatriation of the Body

In case of death of the Insured the Insurer shall make the necessary steps in order of the repatriation of the body and shall bear the expenses of this.

In order of the repatriation of the body the relative of the Insured shall obtain and provide the Insurer with the following documents within the shortest possible time:

- birth certificate,
- marriage certificate, death certificate of the spouse upon request,
- declaration of acceptance by the cemetery,

- coroner's certificate,
- document issued by authorities or a doctor evidencing the reason of death,
- in case of a suspect of an accidental death the pathologist's certificate,
- in case of an accident documents necessary for the clarification of the circumstances of the death.

Repatriation of the body arranged without prior consent of the Insurer shall not be covered.

27. Travelling back to Hungary before Due Date in Consequence of Death or Illness

In case a close relative of the Insured living in Hungary dies or is in the status of life danger and the Insurer shall be notified about this by submitting official supporting documents, the certificate of the doctor in the hospital enclosed and sent by fax, the Insurer shall arrange the trip back to Hungary before the due date (on the basis of the decision of the Insurer either by reimbursement of the fuel expenses of a car, or paying train ticket for II class or aeroplane ticket for economy class) and shall bear the expenses of this.

As a precondition of the above the insurance cover should be valid still at least for three days the minimum when the Insurer is notified.

The expenses of travelling back to Hungary before due date without prior consent of the Insurer shall not be covered.

28. Notification

If the Insurer shall be notified about the accident, sickness of the Insured or shall otherwise get information on this the Insurer shall notify the person defined by the Insured without delay.

29. Replacement due to Illness in Case of Business Trip

In case the Insured shall undergo an emergency hospital treatment and due to this shall become unable to fulfil the task of the business trip - when the company appointing him/her on the business task shall name another colleague for the execution of the business trip the Insurer shall do the travel arrangements of the colleague replacing the Insured and the expenses shall be borne by the Insurer.

The expenses of a trip without prior consent of the Insurer shall not be covered.

30. Emergency Cash Cover

Should the money, any other means of payment of the Insured be stolen or should he/she have unforeseen payment obligations (ie. expensive car repair costs) the Insurer shall undertake to organise with the aim of their correspondents that the Insured shall receive local means of payment to cover his/he expenses up to the limit of EUR 1.600 the maximum.

As a precondition of the above the representative of the Insured in Hungary after notifying the Insurer should pay the amount equivalent to the required sum and the bank charges to the correspondent of the Insurer.

31. Assistance in case of Repatriation of Motor Vehicles

In case the Insured is entitled for medical assistance and insurance, unable to drive and it is supported by a doctor's opinion, his/her motor vehicle is in a satisfying condition and fellow travellers are unable to drive the car home, the Insurer shall cover the travel expenses (based on the decision of the Insurer by reimbursement of the fuel expenses of a car, payment of train ticket for II. class or aeroplane ticket for economy class) of a person named by the Insured in order that the vehicle should be driven home on the most favourable route and within the shortest possible time.

In case the Insured shall not nominate any person the Insurer shall arrange for a driver and shall cover the relevant expenses.

32. Luggage Delay

When the Insured travels with an airline company or with their representative and the luggage of the Insured shall arrive not at the destination defined at departure and the taking over of the luggage suffers at least a 12 hour delay the Insurer shall indemnify the Insured up to the below limits:

in case of a delay between 12 and 24 hours: HUF 15.000

in case of a delay more than 24 hours: HUF 40.000

33. Other Assistance Services

In case during the trip the Insured shall need hotel reservation, rent a car service, or repatriation of his/her car the Insurer shall through their correspondents provide assistance free of charge but the counter value of the services arranged this way should be paid by the Insured.

34. How Shall the Claims Be Settled?

- The expenses having occurred due to insured events reported in accordance with the policy conditions shall be covered by the Insurer up to the limit defined as per Section III of the insurance contract.

- In case the Insured has paid the expenses having occurred due to an insured event with prior consent of the Insurer on the spot then those expenses shall be recovered upon submission of the original invoices after the Insured's arrival back to Hungary up to the limit as described in Section III of the insurance contract by the Assistance and Claims Department of the insurance company within 15 days in accordance with the relevant currency provisions.

IV. CASUALTY INSURANCE

If the Insured was entitled to the health care services described under point II, and he utilised them according to the terms and conditions included in the regulations, the Insurer shall provide casualty insurance coverage as given below.

35. What Shall Be Considered to Be an Accident?

Accident shall be a sudden outside effect beyond the Insured's control happening abroad, in consequence of which the Insured shall die within one year, suffer permanent disability or health deterioration.

Burning due to sunbathing, quartz, solarium, sunstroke, heatstroke, lifting too heavy loads, hernia, frosting, suicide and attempted suicide shall not be considered as accident. Health deterioration due to carrying out professional physical work shall not be considered as accident unless payment of extra premium has been effected.

36. What is the Extent of Sums Insured?

The Insurer shall indemnify the Insured according to the below limits with no regard to the medical assistance services and health insurance cover:

- in case of accidental death	HUF 5.000.000
- in case of accidental death due to air crash	HUF 7.500.000
- in case of total (100‰) permanent accidental disability	HUF 5.000.000
- in case partial permanent accidental disability in proportion of the level of disability.	HUF 5.000.000

37. What Disability Chart Is Claims Settlement Based On?

The level of disability in case of loss of arms or limbs following an accident should be defined based upon the below chart with no regard to the occupation of the Insured

Disability of parts of the body	‰ of Cover
- loss of ability of seeing in case of both eyes, loss of both of the upper arms, lower arms or hands, loss of one of the arms or hands and tight or leg together (upper arm + amputation of lower arm), loss of both tights	100%
- loss of both legs	90%
- loss of one of the tights, loss of one of the upper arms	80%
- loss of one of the legs, loss of one of the lower arms, complete loss of ability to speak, complete loss of ability to hear for both ears	70%
- loss of one of the hands (below the wrist)	65%
- loss of one of the feet (below ankle)	40%
- completes loss of ability to see for one of the eyes	35%
- complete loss of ability to hear for one of the ears	25%

The amount of indemnification in case of partial permanent accidental disability shall not exceed the limit of indemnification defined for the case of total permanent disability.

The level of accidental disability in case of the loss of organs and limbs listed in the chart shall be defined immediately or in other cases within two years after the accident the latest.

The level of disability being in cause-and-effect relation with the accident - in accordance with

the level of loss of function accompanying the anatomical deviation after the final status have been reached - shall be defined by the medical expert of the Insurer.

The level of the defined disability in percentage shall not necessarily be equal to the level defined in the resolution issued by the Medical Experts' Institute and other institutions of the same function.

38. When the Insurer Shall Not Be Obligated to Settle the Claim?

The Insurer shall not pay the claim:

- when the Insured lost his/her life as a consequence of wilful conduct of the Beneficiary,
- when the accident shall be proven to be the consequence of the unlawful act, wilful misconduct or serious negligence of the Insured.

The accident shall be considered as caused by serious negligence when it happened:

- in cause-and-effect relation with Insured's being under the influence of alcohol exceeding the level of 0,80‰ in his/her blood or being under the influence of drugs,
- while driving a car without driving licence.

39. How the Claim Shall Be Settled?

- In case of accidental death claims shall be settled on the basis of the following documents:
 - a copy of the insurance policy,
 - certificate issued by the pathologist,
 - Hungarian death certificate,
 - official report or certificate, if taken, in the foreign country about the accident, the injury and its circumstances,
 - certificate of inheritance
 - pathologist's report,
 - claims form of the Insurer.
- Documents necessary in case of accidental health deterioration:
 - a copy of the insurance policy,
 - medical certificate about the treatment and care,
 - all medical documentation (rehabilitation)
 - claims form of the Insurer.

V. LUGGAGE INSURANCE AND SUBSTITUTION OF TRAVEL DOCUMENTS

40. What Is Covered Under the Luggage Insurance?

The insurance shall cover the luggage and clothing of the Insured taken from Hungary to abroad when it shall be:

- stolen or robbed,
- loss or damage due to personal injury (the fact of personal injury should be confirmed by a doctor),

- loss or damage due to natural perils,
on the basis of the value at the date of the claim up to the limit of **HUF 300.000**.

The luggage claim in case of theft or robbery shall in every instance be reported to the relevant police station or authority or depending of the circumstances of the event to the authorities of the transportation company or to the hotel management. A protocol taken on the circumstances of the event or a resolution on the possible procedures shall be requested. The protocol should contain the extent of damage in details, the list of stolen luggage and clothing, the claim value.

When the luggage is stolen from the closed boot protected from the insights of the car the limit of indemnity is maximum 50% of the sum insured defined for luggage insurance.

41. Which Items Are Not Covered by the Insurance?

The Insurance shall not cover the following items:

- jewellery, bullion, pieces of art, collections, cash or cash replacing means of payment (i.e. bank cards or credit cards, vouchers, season tickets for skiing, etc.) depositor's book, other securities, travel tickets, documents (except passport, driving licence, car registration documents), furs, bicycles, sports equipment, technical equipment and its spare parts in case of travelling by air, or tools, musical instruments, or items of value exceeding the amount of HUF 50.000 at the time purchasing them.

42. Which Are the Events Not Covered?

The insurance shall not cover:

- the luggage lost or abandoned, dropped or stolen because being left unguarded,
- the luggage stolen from the passenger area of the vehicle or from the trailer covered with canvas (not with metal sheet),
- the luggage stolen from the vehicle between 22 and 06 hours,
- the luggage which shall not be taken to the place of accommodation immediately when travelling by car,
- the luggage stolen from a tent or camping site when doing it is not in the dedicated area,
- the luggage when the Insured shall be indemnified under the liability insurance of the carrier,
- the luggage if the Insured was not acting with due care when the event happened,
- the luggage when the Insured has provided false data in relation with the event

43. When the Insurer Shall Not Settle the Luggage Claims?

The Insurer shall not be held liable:

- when the claim is due to the Insured's unlawful, wilful misconduct and severe negligence.

44. Claims Settlement in Case of Loss of Travel Documents:

The Insurer shall indemnify the expenses of re-obtaining lost or stolen passport, driving licence, car registration document to the Insured up to the amount of HUF 15.000 the maximum. This amount of claim settlement shall be deducted from the sum insured defined for luggage insurance.

45. How Luggage Claims Shall Be Settled?

Claims shall be submitted to the Assistance and Claims Department of *QBE Insurance (Europe) Limited* (1143 Budapest, Stefánia út 51. Phone: 460-1441, 460-1444), the settlement of which the following documents will be necessary:

- original police report or resolution,
- claims for of the Insurer
- invoice in the lack of which the Insurer shall take into consideration the average prices in Hungary,
- other documentation necessary for the settlement of claim.