

General Conditions of International Travel Insurance

Article 1 - INSURED RISKS

- (1) Insurance can be taken out with the cover of insured risks based on:
 - International travel health insurance with assistance;
 - Insurance covering the costs of stay of close relatives in case of hospitalization of the Insured abroad;
 - Liability insurance;
 - Insurance of luggage and personal effects;
 - Insurance of trip interruption or trip delay;
 - Insurance of debit or credit card abuse;
 - Insurance covering the costs of obtaining new documents;
 - Insurance covering the costs due to delay or cancellation of an airplane flight;
 - Insurance of cancellation of multiple trips abroad.
- (2) Insurance cover applies only for the risks defined in the insurance conditions stated in the insurance policy.
- (3) Travel is leisure travel, business trip and, if so agreed, stay abroad for the purposes of studying or working abroad. The type and extent of insurance cover in this sense are specified in the insurance policy.

Article 2 - EXCLUSIONS FROM INSURANCE

- (1) A damage event is excluded from the insurance coverage if:
 - 1) the Insured causes it deliberately;
 - 2) it is directly connected to rebellions, internal disturbances or wars;
 - 3) if it is a consequence of nuclear reaction, radiation or contamination.
- (2) The insurance coverage excludes also the damage events which are defined as such in individual insured risks.

Article 3 - INTERNATIONAL TRAVEL HEALTH INSURANCE WITH ASSISTANCE

- (1) The Insurance Company shall provide emergency medical assistance and cover the expenses of emergency medical care provided with the exclusive purpose of alleviating the consequences of acute diseases or accidents, and costs of transport of the Insured to the Republic of Slovenia or the country where the Insured has official permanent or temporary residence if the costs were incurred during travel or stay abroad.
- (2) Assistance is Triglav assistance which is available on the telephone number (+386) 2222 2864 and offers help 24 hours a day and:
 - 1) provides information regarding medical treatment;
 - 2) establishes contact with the attending doctor;
 - 3) takes over organization;
 - 4) takes over the costs of medical treatment and the costs of transport to the country of residence if necessary.
- (3) Emergency medical care costs in the sense of these Conditions shall mean only the costs of:
 - 1) Medical care;
 - 2) Medicines and bandages if prescribed by a doctor;
 - 3) Equipment necessary for treatment (e.g. plaster, splints, bandages and crutches) if prescribed by a doctor;
 - 4) Medically-prescribed thermal therapies, radiation therapies or other physical therapies;
 - 5) X-ray diagnostics;
 - 6) Outpatient treatment in a clinic having adequate diagnostic and therapeutic capacities and applying scientifically recognized methods that have been clinically tested in the country of temporary stay. The Insured should go to a hospital at the place of temporary stay or to the nearest suitable hospital;
 - 7) Transport to a hospital, clinic or medical institution and back to the place of stay abroad;
 - 8) Surgeries (including indirect costs of surgeries);
 - 9) Urgent dental interventions required for acute pain management due to a tooth disorder or a tooth injury, including tooth extractions and simple dental prosthesis repairs, but excluding dental restoration, dental crown placement, teeth fillings or permanent dental fillings;

- 10) Hospitalization until the health condition of the Insured allows transport to the country of permanent or temporary residence where the medical treatment shall continue.
- (4) Transport costs in the sense of these Conditions shall mean only the following:
 - 1) Transport costs for the Insured to be brought to their country of residence, if so ordered by a doctor adequate medical care cannot be provided in the place visited or its vicinity, which may aggravate the Insured's condition. Any additional costs of an escort shall be reimbursed if medical escort is necessary or required by law;
 - 2) In the case of death-costs of transport of Insured's mortal remains to the place of residence;
 - 3) Transport costs of any child of the Insured under 18 years of age to their permanent or temporary residence, as well as transport costs for an escort in the case of hospitalization or death of the Insured;
 - 4) Costs of search and rescue of the Insured if the Insured has an accident or suffers from a disease or if found in an emergency situation in the mountains or at the sea.
- (5) The Insurance Company shall not cover any medical care costs and transport costs if the event occurred due to:
 - 1) Chronic diseases and their consequences that had occurred before and were known or expected upon commencement of the insurance, even if not treated, as well as illnesses treated in the last 3 months prior to commencement of the insurance, including their consequences, except in the case of unforeseen medical assistance to prevent an acute life-threatening condition or to take measures for the sole purpose of acute pain relief. The same exclusions apply for the consequences of an accident;
 - 2) Diseases and accidents suffered by the Insured while committing a criminal offence or if the costs of medical treatment or transport occur as a consequence of alcohol or drug use;
 - 3) Removal of aesthetic defects or physical anomalies, preventive vaccinations, disinfections, medical diagnoses and tests.
- (6) Health insurance shall not provide emergency assistance or cover costs:
 - 1) incurred during stays in baths and spas, health resorts, sanatoriums, convalescent homes, health institutes or health care centres or similar institutions;
 - 2) of psychoanalytical or psychotherapeutical treatment;
 - 3) related to pregnancy, giving birth and its consequences after the 37th week of pregnancy, with the exception of acute, abnormal course of pregnancy and its consequences, in which case the Insurance Company covers medical costs for direct prevention of life-threatening complications for the mother or the child;
 - 4) of medical assistance for problems typical of pregnancy and its consequences including a change in chronic problems resulting from pregnancy;
 - 5) of pregnancy monitoring or termination of pregnancy;
 - 6) incurred due to false information given by the Policyholder or the Insured about the duration of travel, circumstances of injury or type of disease, or any kind of fraud or forgery;
 - 7) of special services in a hospital-superior standard, such as single rooms, telephone, TV, special accommodations etc.;
 - 8) of surgeries or medical treatment which may be postponed without any consequences until the time of return to the country of permanent or temporary residence of the Insured;
 - 9) of suicide or suicide attempt.
- (7) Unless explicitly agreed and a suitably higher premium is paid, the liability of the Insurance Company in the sense of cover or reimbursement of costs reduces by 33 %. The stated limitations apply if an insured event occurred as a consequence of an accident or a disease:
 - 1) in car and motor racing (competitions, trainings, preparations, recreational driving) when driving on racetracks;
 - 2) in sport flying, parachuting, paragliding or similar activities (hang gliding, flying gliders and suchlike);
 - 3) in underwater diving without an internationally recognized diving certificate for diving to the depth as defined in the certificate, except snorkelling and scuba diving under the supervision of a diving instructor (e.g. a scuba diving course or a scuba diving certification course);

- 4) in doing high-risk activities and extreme sports on a professional, amateur or recreational level (mountaineering, extreme hiking trips in the high mountains without qualified mountain guides, extreme hikes that are not part of organized mountaineering, acrobatic skiing, backcountry skiing, heli-skiing, ski jumping and ski flying, aerobatic flying, bungee jumping, base jumping, cave diving, speleology, cave exploration, wild water sports activities (wild water kayaking, canyoning, wild water rafting and suchlike), river sledging, powerboating, motorcycle sport, ice climbing, free climbing and suchlike, freediving, jockey, bicycle racing, horse racing, ultramarathon and suchlike);
- 5) in doing any professional sport;
- 6) on expedition travels to unconquered and unexplored areas;
- 7) in using firearms or in performing highly dangerous tasks such as handling with explosive bodies, in performing professional activities that include using firearms and suchlike.
- (8) An insured event starts with the beginning of medical treatment and ends at the moment the attending physician believes that no further treatment is required, or upon return to the Republic of Slovenia or to the country of official permanent or temporary residence of the Insured. The end of the stay abroad shall be either the crossing of the border of the Republic of Slovenia and/or the country of official permanent or temporary residence of the Insured. If medical treatment continues without interruption even after the expiry of the insurance policy, the Insurance Company shall provide insurance cover also for the costs of such treatment up to a period of 4 weeks and provided that the sick Insured could not have been taken home or if their return has been delayed for reasons beyond the influence of the Insured.
- (9) Insurance claims shall be filed within three months after the end of medical treatment or transport to the country of residence, or death. All original invoices, bills and receipts for costs incurred shall be delivered to the Insurance Company. Any copies of invoices presented by the beneficiary shall be certified by the institution keeping the originals. The invoices shall contain the name of the Insured, description of the illness, a list of individual medical services containing information regarding the treatment. The invoice for medications shall clearly state the name of the medicine prescribed, its price and the stamp of the pharmacy. In addition to the invoice, it is necessary to submit all available medical documentation making evident the urgency of medical care. The medical documentation must contain the name of the Insured, description of the illness/accident with diagnosis, all information regarding treatment and the prescribed medication and therapies. Invoices for dental treatment must contain a description of the teeth treated and the treatment performed.
- A claim for the reimbursement of transport costs has to be substantiated by invoices, whereas a claim for the reimbursement of costs of transporting the Insured into the country of residence has to be substantiated by submitting the invoices and the medical certificate containing the description of the illness. In addition, the medical certificate shall prove the medical necessity of the return transport. Upon request of the Insurance Company, other information shall be submitted, which is required to establish the insured event or to identify the scope of insurance cover. The Insurance Company may request the presentation of documents translated into Slovene or English.
- (10) In the case of a business trip the Insurance Company may request a corresponding proof of the business trip.
- (11) If the Policyholder or the Insured claims damages from third persons not based on insurance law, the claims must be assigned in writing to the Insurance Company up to the amount of the paid insurance benefit. If the Policyholder or the Insured renounces such a claim or the right to secure the claim without the Insurance Company's approval, (s)he loses the right to the corresponding part of insurance benefit. If the Policyholder or the Insured received a compensation from the person liable for damage, the Insurance Company can deduct that amount of compensation from the insurance benefit. The Policyholder or the Insured can neither pledge nor assign a claim against the Insurance Company.

Article 4 - INSURANCE COVERING THE COSTS OF STAY OF CLOSE PERSONS IN CASE OF HOSPITALIZATION OF THE INSURED ABROAD

- (1) The insurance covering the costs of stay of close relatives in case of hospitalization of the Insured abroad shall cover a compensation to a relative or other person for living expenses while staying abroad with the purpose of visiting the Insured in case of the stay and treatment of the Insured in a hospital abroad due to urgently requested medical care during international travel or stay abroad. In the event of the Insured's death, the insurance shall cover the costs of stay abroad of one person until the Insured is brought to the place of burial. The insurance shall also cover the travel costs of that person for travelling from the place of permanent residence to the place where the injured or ill or deceased Insured is located and back, for the least expensive means of transport.

- (2) The Insurance Company shall not cover compensation for hospitalization of the Insured abroad in cases referred to in Article 3, paragraphs (5) and (6) of the Conditions herein.
- (3) The Insurance Company shall pay the Insured or, in the case of the Insured's death, their heirs a compensation for the costs of stay of close persons in case of hospitalization of the Insured abroad for the person who stays to accompany the Insured for each day of the Insured's hospitalization.
- (4) An insurance claim shall be filed within three months after the end of the medical treatment of the Insured or return of a relative or another person to their country of residence. All original invoices, bills and receipts for the costs of stay (accommodation) and/or transport of a relative or another person abroad as well as proof of treatment of the Insured in a hospital abroad shall be delivered to the Insurance Company in accordance with paragraphs (1) and (2) of this Article.

Article 5 - LIABILITY INSURANCE

- (1) The insurance covers damage due to civil indemnity claims, which third persons are claiming against the Insured due to a sudden and surprising event (accident), for which the Insured is liable and which results in:
- 1) bodily injury, illness or death of a person (injury of persons);
 - 2) destruction, damage or disappearance of things (damage to items).
- (2) The Insurance Company shall not cover indemnity claims for the following damages:
- 1) damage inflicted upon the spouse of the Insured and the dependents of the Insured at the time of the damage event;
 - 2) damage inflicted upon persons who travel together with the Insured (relatives, friends, acquaintances);
 - 3) damage to the items of other people that the Insured leases, uses, borrows, safeguards, transfers, etc.;
 - 4) damage caused by land motor vehicles (with the exception of an uncoupled caravan or a cargo trailer), aircrafts and watercrafts (with the exception of a surfboard and a rubber boat up to 3m in length);
 - 5) damage resulting from property possession abroad;
 - 6) damage caused by pollution of standing or running waters;
 - 7) damage caused by occupational activities of the Insured.
- (3) If joint and several liability of the Insured has been established, the Insurance Company shall, according to this Article, cover only the Insured's part of the liability, after it has been divided among all jointly and severally liable persons.

Article 6 - INSURANCE OF LUGGAGE AND PERSONAL EFFECTS

- (1) The insurance shall cover damage due to damage or destruction of luggage and personal effects (insured items) resulting from a sudden event beyond the will of the Insured. In the case of theft, burglary or robbery, this insurance shall also cover damage due to disappearance of the insured items.
- (2) Insurance shall not cover damage:
- 1) due to operation of the insured items;
 - 2) due to violation of statutory or technical provisions, and rules of technical use of the insured items and protective measures;
 - 3) which occurs within the warranty period and which shall be reimbursed by the manufacturer or retailer;
 - 4) due to defects or faults that already existed at the moment of taking out the insurance policy and of which the Insured was or should have been aware;
 - 5) for items that are the property of an employer or are intended for professional purposes.
- (3) Items shall be insured against the risk of burglary only if kept in a closed and locked place.
- (4) The subject-matter of insurance shall be luggage and personal effects that are the property of the Insured or in their possession.
- (5) The following shall not be regarded as luggage and personal effects:
- 1) motor vehicles (including cycles fitted with an auxiliary motor) and attached vehicles;
 - 2) watercrafts (except for smaller watercrafts used for entertainment, such as surfboards, kayaks and canoes as well as other watercrafts up to 5 m in length);
 - 3) watercraft engines;
 - 4) animals.
- (6) Insurable value is the purchase price of a new item, reduced by the value due to tear and wear, age or economic obsolescence.
- (7) The damage covered by the insurance is calculated in case of:
- 1) destruction of an insured item-according to the insurable value of the item when establishing the indemnity of the Insurance Company, reduced by the salvage value;
 - 2) damage to an insured item-according to the costs of repair and material they would amount to when establishing the indemnity of the Insurance

Company, reduced by the salvage value.

- (8) It shall count that an item is destroyed and the damage is calculated in accordance with the first item of the previous paragraph if the costs of repair would reach the insurable value of the item on the day when the indemnity of the Insurance Company, reduced by the salvage value, is established.
- (9) The residues of destroyed or damaged items remain with the Insured and are calculated in accordance with the market price on the day when the indemnity of the Insurance Company is established and in accordance with the condition they were in immediately after the insured event.
- (10) If upon an insured event due to robbery, burglary or theft as defined in this Article above car keys of the Insured have disappeared as well, the insurance shall also cover the costs of purchase or replacement of the car keys and locks.

Article 7 - INSURANCE OF TRIP INTERRUPTION OR TRIP DELAY

- (1) The insurance shall cover the loss inflicted upon the Insured due to early return from a trip because the travel agency or accommodation organization (hotel, apartment provider, landlord and suchlike), has failed to reimburse the costs for the unutilized part of the travel in accordance with the mutual agreement.
- (2) The damage shall be covered only in cases when the Insured died, sustained an injury or fell ill with a medically established acute illness, or the Insured's spouse or other relative up to the second degree died, during travel.
- (3) If the Insured's return transport from the trip has already been organized and paid for, the insurance shall also cover the costs of transport with a means of transport of the same type.
- (4) This insurance shall cover the costs of extended stay if the Insured is forced to stay outside the place of permanent residence after the end of a trip due to an injury or medically diagnosed acute illness. The Insurance Company shall reimburse costs of stay but only for accommodation up to the category which the Insured was using during the trip. The costs are reimbursed for the duration of emergency treatment, up to 5 days. If the Insured's return transport from the trip has already been organized and paid for, this insurance shall also cover the costs of return with a means of transport of the same type.

Article 8 - INSURANCE OF DEBIT OR CREDIT CARD ABUSE

- (1) The insurance shall cover the loss inflicted upon the Insured due to the abuse of a lost or unlawfully taken debit or credit card by third persons if this is not covered by other insurance and/or until the cover for the abuse is assumed by the issuer of the debit or credit card.
- (2) Abuse of a debit or credit card is unlawful conduct of third persons to the detriment of the Insured in the form of payment of goods or services, or in the form of cash withdrawal from a cash machine or at a bank.

Article 9 - INSURANCE COVERING THE COSTS OF OBTAINING NEW DOCUMENTS

The insurance shall cover the costs of having new personal identity documents and debit/credit cards made instead of those that have been unlawfully taken from the Insured or lost during the travel. Theft or loss of identity documents must be reported to the competent authorities abroad.

Article 10 - INSURANCE COVERING THE COSTS DUE TO DELAY OR CANCELLATION OF AN AIRPLANE FLIGHT

- (1) The insurance shall cover the loss incurred to the Insured if an airplane flight from a travel destination abroad has a delay of at least six hours or is cancelled.
- (2) The insurance cover applies under the condition that there is no other alternative transport for the Insured in the period of six hours from the planned departure and under the condition that a compensation cannot be claimed from an airline company or from a flight manager.
- (3) The insurance cover applies for the costs of transport to the accommodation, the costs of accommodation and the purchase of small personal items.

Article 11 - INSURANCE OF CANCELLATION OF MULTIPLE TRIPS ABROAD

- (1) The subject-matter of insurance according to these Conditions are the costs which are incurred to the Insured as the user of travel services due to cancellation of travel due to an unforeseen event, and the Insured is obliged to pay to the travel organizer the costs incurred due to the cancellation. Travel organizers are only officially registered travel agencies and airline

tickets providers.

- (2) Regardless of the provision from the previous paragraph, the costs of travel cancellation under these Conditions are covered for each travel abroad during the insurance period only if the Insured has made a travel contract/agreement with the travel organizer, even if it was made online. Insurance cover applies under the condition that the contract/agreement made with the travel organizer was made in the languages of the ex-Yugoslav republics, or in the English or German language. Regardless of the provision from paragraph (3) of Article 1, the insurance cover shall not apply for business trips.
- (3) An insured event occurs if the Insured during insurance period cancels and/or does not attend a travel due to one of the following unforeseen events that occur after taking out the insurance:
 - 1) accident, death or unexpected deterioration of health condition of the Insured that prevents the Insured from travelling;
 - 2) death of the Insured's relatives (spouse, common-law partner, parents, father-in-law, mother-in-law, children, son-in-law, daughter-in-law, brother, sister, grandson, granddaughter, grandparents) that prevents the Insured from travelling;
 - 3) accident or unexpected deterioration of health condition of the Insured's close relatives (spouse, common-law partner, parents, children, brother or sister) that prevents the Insured from travelling due to necessary care or hospitalization of these persons;
 - 4) mobilization of civil protection and judicial or administrative summons where personal presence of the Insured is mandatory;
 - 5) natural disaster which prevents the Insured from travelling if this disaster happens at the location of the Insured's permanent residence.
- (4) The insurance shall not cover the loss in the sense of items 1), 2) and 3) of paragraph (3) of this Article if the damage event relates to the consequences of an accident or medical condition or illness of the Insured, their relative or close relative who had had them or had been known to him/her before the insurance of travel cancellation was concluded.
- (5) In accordance with the provisions of this Article an insured event is also considered the cancellation of travels that would chronologically reach into the period when the insurance already expires, under the condition that the period from the expiration of insurance contract to the expected end of travel does not take longer than five days.
- (6) The Insurance Company shall cover the costs of travel cancellation:
 - 1) that the Insured would be obliged to pay to the travel organizer upon cancellation or non-participation, as defined in the travel contract and depending on the value of the travel arrangement and the time of the traveler's cancellation of the travel;
 - 2) of the family members who would have to travel by themselves because other family members (spouse or children up to 18 or 26 years of age if attending school), stated in the same insurance policy and whom they applied for the travel with, cancelled the travel or could not attend the travel due to one of the reasons stated in paragraph (3) of this Article;
 - 3) of the Insured who would have to attend the travel by himself/herself because all the other co-travelers-insured persons stated in the same policy and whom the Insured applied for the travel with, cancelled the travel or could not attend the travel due to one of the reasons stated in paragraph (3) of this Article.
- (7) If the Insured fails to inform in writing the organizer of travel on the cancellation immediately after (s)he learns that (s)he cannot attend the travel, the Insurance Company shall cover only the share that the Insured would be obliged to pay if (s)he had immediately informed the travel organizer in writing.
- (8) The Insured is obliged to inform in writing the organizer of travel on the cancellation immediately after (s)he learns that (s)he cannot attend the travel.
- (9) The beneficiary of indemnity (the Insured or their legal successor) has to support an insurance case by submitting a contract on the purchase of travel arrangement, an authentic certificate of a competent institution, a cancellation of travel made to the travel organizer issued at the latest up to and including the date of the intended travel, and a proof of payments made to the travel organizer.
- (10) When the reason for a travel cancellation is deterioration of health of the Insured or their close relative or the Insured's hospitalization which prevents the Insured from travelling, their indemnity claim has to include a photocopy of a certificate of unfitness for work from which it follows that the sick leave corresponds with the date of the beginning of the intended travel, or proof of hospitalization on the date of the beginning of the intended travel. In each case, the Insured has to submit a medical certificate which has to include the following information:
 - Date of the deterioration of health;
 - Anamnesis of disease;
 - Diagnose of disease;
 - Type of therapy.
- (11) A certificate of unfitness for work, a medical certificate or a proof of hospitalization has to be issued at the latest up to and including the date of the intended travel.

(12) When medical condition of an Insured's close relative deteriorates, the family relationship has to be evident from the claims documentation. It also has to follow from a medical certificate that the care of close relatives due to accident or unexpected deterioration of health was necessary.

(13) If the insurance is taken out by a travel organizer, damages based on this insurance shall be claimed by the travel organizer. An indemnity claim has to include a copy of insurance policy, statement of the travel organizer on the occurrence and amount of damage, travel contract concluded between the travel organizer and the Insured(s), authorization of the Insured to claim insurance benefit on behalf and for the account of the Insured as well as a certificate of a competent institution in accordance with the provisions from the previous paragraphs.

Article 12 - CONCLUSION OF INSURANCE CONTRACT

(1) The insurance must be concluded at the time when the Insured is in the Republic of Slovenia or in a country where they have official permanent or temporary residence. If the Insured is abroad when insurance is concluded, the insurance cover starts to be valid five days after the date of the insurance conclusion.

(2) The insurance contract shall be concluded on the basis of a written application, unless the insurance is concluded by means of distance communication. For insurance contracts concluded by means of distance communication, the Policyholder has a right to withdraw from the insurance contract within 14 days from the date of insurance conclusion. A withdrawal has to be in writing and it has to be filed with the Insurance Company before the expiration date; it shall count that a withdrawal is filed in time if it is mailed by registered mail up to the expiration date. In such a case, the Insurance Company is entitled to retain the insurance premium (costs) for each day of insurance cover. The Policyholder cannot withdraw from an insurance contract with the period of validity of less than one month. After the receipt of the application, the Insurance Company may request additional information or clarifications. The application is deemed filed when the Insurance Company receives the required additional information and/or clarifications.

(3) Insurance may be concluded for a short period of validity or without an expiration date. Taking out an insurance with the period of validity of less than one year is not possible if the insurance cover includes the insurance of cancellation of multiple trips abroad.

Article 13 - PERIOD OF INSURANCE COVER

(1) Unless agreed otherwise, the liability of the Insurance Company shall begin at 24:00 hours of the day defined in the insurance policy as the beginning of cover, provided that the insurance premium has been paid until then and the Insured has crossed the national border of the Republic of Slovenia with the intention of traveling.

(2) The insurance cover shall terminate when the Insured returns from the travel and crosses the national border of the Republic of Slovenia; however, at the latest at 24:00 hours of the day defined in the policy as the insurance expiration date. If reasons for an extended stay abroad occur, the validity of the entire insurance cover shall be prolonged for 5 days at the most.

(3) The insurance shall not cover travels that last more than 90 days, unless agreed otherwise.

(4) The provisions of this Article shall not apply for the insurance of cancellation of multiple trips abroad.

Article 14 - INSURED PERSONS

(1) In individual insurance, the Insured is a person stated in the insurance policy.

(2) In the case of a family insurance policy, the following persons are insured as well: the spouse or the common-law partner of the Insured and their children, step-children or adoptees under 18 years of age or under 26 years of age if full-time students and residing at a common address and if stated in the insurance policy. Family members may travel or could have travelled together or separately.

(3) In group insurance, all persons that are stated in the insurance policy and form a group are insured. A group means at least two persons who do not correspond the definition of a family. Members of a group may travel together or separately.

Article 15 - TERRITORY OF INSURANCE COVER

(1) The insurance is valid worldwide with the exception of the territory of the Republic of Slovenia and/or the country of the Insured's official permanent or temporary residence.

(2) If the Insured is going abroad to study or work and has to arrange a temporary residence abroad for that time, the above exclusion of insurance

cover regarding the country of official temporary residence shall not apply.

Article 16 - SUM INSURED

The amounts of sums insured are defined in the insurance policy. The sum insured is the maximum amount covered by the Insurance Company. Sums insured apply per insured event; in the case of a family or group insurance policy, sums insured apply per insured event per insured person.

Article 17 - PARTICIPATION OF THE INSURED

If agreed in the insurance policy, the Insured participates in an insured event with a deductible.

Article 18 - INSURED EVENT

An insured event is an event that occurred due to the realization of an insured risk, except in the insurance of cancellation of multiple trips abroad (Article 11, paragraph 3).

Article 19 - OBLIGATIONS OF THE INSURED AFTER AN INSURED EVENT

(1) The Insured shall notify the Insurance Company of an insured event without delay, at the latest within three days after the return from travel or when their medical condition allows it.

(2) The Insured shall immediately notify the competent authority (police) of an insured event resulting from a traffic accident, fire, explosion, theft, burglary and robbery or an attempt to commit the last three mentioned criminal acts, and specify which items have disappeared or were destroyed or damaged.

(3) In the case of a liability claim the Insured shall forward the claim to the Insurance Company, notify the Insurance Company of any measures taken by courts or state authorities or of a lawsuit brought, and allow the Insurance Company to conduct the civil proceedings. The Insurance may not acknowledge liability for damages and make a settlement with the damaged party without prior explicit authorization of the Insurance Company.

(4) If the Insured violates the above stated obligations, the Insurance Company is not liable to reimburse the part of the damage resulting from such violation.

(5) The provisions of this Article shall not apply for the insurance of cancellation of multiple trips abroad.

Article 20 - TRACING OF STOLEN ITEMS

(1) In the case of theft or other forms of unlawful seizure of insured items, the Insurance Company shall reimburse the damage not earlier than after 30 days from the day when the disappearance was reported to the competent authority of internal affairs (police).

(2) If the Insured finds out the location of the stolen items, they shall immediately do all that is necessary to identify these items and claim them back as soon as possible and immediately notify the Insurance Company thereof.

(3) If the Insured has already been paid the benefits before finding out the location of the stolen items, they may claim these items back if they are found. In that case, the Insured shall return to the Insurance Company the benefits paid for the items that have been found undamaged. If the found items are damaged, the Insured may claim them back for a mutually agreed value and return to the Insurance Company the corresponding part of the benefits.

Article 21 - WITHDRAWAL FROM CONTRACT IN INSURANCE WITHOUT EXPIRATION DATE

One year after the conclusion of insurance without expiration date, the Policyholder may at any time withdraw from the insurance contract. In this case, the insurance terminates at the end of the month in which the Policyholder has submitted the statement of withdrawal. In such a case, the Insurance Company returns the unused part of the premium.

Article 22 - JOINT PROVISIONS OF GENERAL CONDITIONS

In case of contradiction between the Joint Provisions of General Conditions PG-ZP-skudo and the provisions herein the provisions of these General Conditions of International Travel Insurance shall apply.