

General Conditions

Traveller's Accident and Luggage insurance (RO 2002)

INHOUDSOPGAVE:

- Atricle 1. : The insured persons
- Atricle 2. : Date of commencement
- Atricle 3. : Area covered
- Atricle 4. : Accident
- Atricle 5. : Medical expenses
- Atricle 6. : Extra costs
- Atricle 7. : Cos tod rescue, repatriation and transport
- Atricle 8. : Luggage
- Atricle 9. : Damage to accomodation
- Atricle 10. : Term of expiry
- Atricle 11. : Notifivcation of claims
- Atricle 12. : Dischargement of underwriters
- Atricle 13. : Disputes
- Atricle 14. : Beneficiaries
- Atricle 15. : Due care
- Atricle 16. : Coinciding insurance
- Atricle 17. : General Exlusions
- Atricle 18. : Final provisions

GENERAL

Article 1. THE INSURED PERSONS

This insurance is effective with regard to persons registered in the Dutch civil registers.

The insurance does not apply to insured persons previously notified by W.A. Hienfeld B.V. (hereafter to be called the underwriters) that they are no longer willing to accept traveller's insurance for them. Such persons have a right to refundment of any premium paid.

Article 2. DATE OF COMMENCEMENT

The insurance is valid for the period stated in the policy, but no exceeding 3 months for journeys to destinations in the Netherlands and 6 months in other cases, even if more than one policy has been issued per journey.

The insurance commences as soon as the insured person or the insured luggage has left that person's fixed place of abode or actual address and ends as soon as the insured person or the insured luggage returns there.

If the term for which the insurance is valid is exceeded owing to unforeseen circumstances beyond the control of the insured person, the insurance will automatically remain valid free of charge until the first possible moment of return.

Non-automatic continuation of the insurance after it has commenced will be regarded as new insurance.

Article 3. AREA COVERED

This insurance is valid in all countries of the world.

INSURED CATEGORIES

Article 4. ACCIDENT

4.1. Coverage

- a. According to A of the policy:
Payment of the insured sum in case of accidental death.
- b. According to B of the policy:
Payment of the insured sum or part of the insured sum in case of permanent disability as a result of an accident.
The sum paid depends on the degree of disability.

4.2. Term Accident

For the purpose of this policy, accident is defined as: a sudden, involuntary, external, violent and direct influence on the body of the insured person, causing medically ascertainable injury and resulting in death, permanent disability or expenses in connection with recovery from such injuries.

4.3. However, the following events shall be deemed to be accidents of the purpose of this policy:

- a. the consequenced of wrong medical treatment, infected wounds or blood poisoning directly connected with an accident covered by the policy;

- b. acute inhalation or swallowing of gases, vapours, liquids of solid substances injurious to health, but not including drugs which have not been prescribed by a doctor.
The insurance also excludes alcohol or narcotics poisoning, germ infection and the consequences thereof, allergic reactions and sunburn (with the exception of the events specified under e. of the article).
- c. sprains, dislocations and strained or torn ligaments and muscles;
- d. exhaustion and privation in case of isolation from the outside world due to disaster (floods, shipwreck, emergency landing, collapse of buildings, etc.), freezing, heat stroke, sun stroke, drowning, suffocation and lightning strikes;
- e. bacterial poisoning due to a fall in a solid or liquid substance;
- f. incidents of lumbago, tendo-vaginitis crepitans, coup de fouet, epicondylitis humeri, blistering of hands or feet due to friction against a hard object. Payment in such cases will be limited to the costs of medical treatment (D.) and will not exceed 1/5 of the insured sum under category D.
With regard to hernia, coverage is limited exclusively to category D and will not exceed 1/5 of the insured sum under D.
Any claim to payment under category D is further limited to the costs of operative treatment undergone by the insured person within one year after the first appearance of symptoms. With regard to hernia nuclei pulposi, coverage is non-recurrent and limited to category D and to 1/5 of the insured sum under D. Hernia and hernia nuclei pulposi can never give rise to a claim under the categories A and B.

4.4. Exclusions

This policy excludes accidents to the insured person as a result of:

- a. deliberate action and/or mission with the approval and/or at the incitement of the insured person;
- b. suicide or gross negligence, illness, ailment or disability;
- c. being voluntarily and without medical reason under the influence of alcohol or drugs;
- d. fights (other than in self-defence) or the commission or aiding and abetting of a criminal offence;
- e. participation in any sport other than as an amateur;
- f. military service;
- g. alpine sports, such as mountain or glacier walking, unless accompanied by an officially recognised guide or undertaken along normally accessible routes.
With regard to alpine sports, the risk of "klettern" is always excluded from coverage. "Klettern" is taken to mean glacier and or mountain climbing, using ropes and picks in combination with climbing irons and snap hooks. This risk is excluded regardless of whether the climber is accompanied by an officially recognised guide;

- h. winter sports, unless the additional premium has been paid, in which case accidents as a result of the following activities remain excluded from the insurance:
bob-sleighting, skeleton, alpine ski-ing, ski-jumping/flying, ice-hockey, ski-joring (with cars and motorcycles), para-ski-ing, heli-ski, speed-ski-ing or ski-racing, figure-jumping when freestyle ski-ing, participation in or training for winter sports competitions (with the exception of Gästerennen and wisbi-competitions), participation in or training for speed-, record- and reliability runs. Sleighing and skating is covered without payment of additional premium;
- i. participation in dangerous sports such as sports involving the matching of physical strength, for example wrestling, boxing, judo, ju-jitsu, karate and rugby;
- j. parachuting, Delta-flying and similar sports;
- k. participation in or training and preparation for competitions of speed involving cars, motorcycles or motorboats, speed cycling, horse-jumping or horse-racing;
- l. riding a motorcycle or scooter, unless the additional premium has been paid and, as far as head injuries are concerned, unless the insured person was wearing a crash-helmet;
- m. participation in air-traffic other than a passenger in an aircraft equipped for passenger transport;
- n. undertaking professional activities of an administrative, commercial or supervisory nature shall be covered, regardless of whether the additional premium has been paid;
- o. participation in underwater-sports involving the use of an aque-lung, unless the additional premium has been paid.

4.5. Existing illness and/or disability

If an accident and/or recovery from injuries received as a result of that accident is influenced by the illness, diseased state or abnormal state of physical or mental health of the insured person, no payment under this insurance shall take place, or payment shall be based on the consequences which the accident would have had for a healthy person or a person not suffering from said abnormality.

However, this does not apply if the situation to which this article refers is the result of an accident for which the underwriters have issued a payment under this policy.

4.6. Payment in case of death

In case of death of the insured person as a direct result of an accident, the underwriters shall pay the insured sum within 14 days of determination of their obligation to do so. If the underwriters have already issued payment for permanent disability in connection with the accident and that payment exceeds that owing in case of death, they shall not claim refundment of the difference.

4.7. Payment in case of permanent disability

Should the accident result in permanent disability for the insured person, he/she shall receive a percentage of the insured sum for total permanent disability, said

percentage to be determined according to the degree of disability sustained.

- a. A. Determination of said percentage shall take place as follows:
 - 1 Total loss of (or of the sight in) both eyes 100%
one eye 33%
one eye, if payment under this insurance has already taken place for loss of the other eye 67%
hearing in both ears 50%
hearing in one ear 30%
hearing in one ear if payment under this insurance has already taken place for loss of hearing in the other ear 20%
both arms and/or legs 100%
 - 2. total loss of (or of the use of):
one arm up to and into the shoulder 75%
one arm up to and into the elbow or up to the shoulder 72%
one hand up to and into the wrist or one arm up to the elbow 70%
one thumb 25%
one index finger 15%
any other finger 10%
one leg up to and into the hip 70%
one leg up to the hip 65%
one leg up to and into the knee 60%
one leg up to the knee 55%
one foot up to and into the ankle 55%
one big toe 10%
any other toe 5%
kidney 20%
spleen 5%
sense of smell 3%
sense of taste 3%
 - B. In case of partial loss (or partial loss of the use of) any of the above mentioned limbs or organs, a percentage of the insured sum shall be paid in proportion with said loss.
 - C. In cases of permanent disability which are not mentioned under 4.7a A and B, the percentage of the insured sum shall be determined in proportion with the degree of disability and in accordance with the scale under A and B.
- b. However, the total payment shall never exceed the insured sum, regardless of whether there has been more than one accident. In determining permanent disability, the insured person's profession shall not be taken into account.
- c. In an accident should aggravate an already existing form of disability, the degree of disability determined in accordance with article 4.7a and b., shall be reduced by that existing disability.
- d. Disability-payment shall take place as soon as the degree of permanent disability has been established. However, if it has not been possible to establish the degree of permanent disability within 2x365 days after the accident, underwriters shall pay an interest of 6% per annum, to commence 731 days after the onset of permanent disability as a result of the accident and over the sum eventually determined, providing the requirements of article 4.8 have been met. This interest shall fall

due on the day upon which payment of said sum takes place, regardless of whether the disability payment and the interest together exceed the insured sum for permanent disability. However, the interest aforementioned is no longer due after the underwriters have paid an advance sum in connection with permanent disability payment.

Should the insured person die within 3 x 365 days accident, his/her legal heirs shall receive a payment based on the degree of permanent disability, but only with regard to those injuries which, at the time of death, could be regarded as medically complete. However, if death resulted directly from an accident, payment of the insured sum according to A. shall take place.

4.8. Obligations after an accident

- I. If the insured person meets with an accident, the policyholder, insured person or his/her successor(s), shall be obliged:
 - a. to notify the underwriters within 14 days;
 - b. in case of a fatal accident, to notify the underwriters by telephone or telegram at least 36 hours before the funeral or cremation takes place;
 - c. to request written permission from the underwriters for the funeral or cremation;
 - d. to return the completed and signed claim form provided by the underwriters as soon as possible;
 - e. to seek assistance from a qualified medical practitioner as soon as possible and to follow that practitioner's instructions always;
 - f. to permit any medical examination desired by the underwriters and to co-operate in a speedy and, if possible, total recovery;
 - g. in case of a fatal accident, to permit, at the request of the underwriters, an examination into the cause of death, if necessary by means of an autopsy, and, if circumstances so require, to take the necessary steps with the authorities to allow exhumation;
 - h. to supply true and complete information at the request of the underwriters.

ANWB alarm-centre

Before contacting the ANWB alarm-centre, it is useful to make note of the address and telephone number at which you can be reached and the name, address and telephone number of the hospital or the place where the body is located, the number of your insurance policy, and the type and term of insurance.

- II. a. Failure to comply with the requirements under article 4.8 I. and b, releases the underwriters from their obligation to pay the insured sum, unless the interested party can show to the satisfaction of the underwriters that said failure is due to circumstances reasonable beyond his/her control and that this has not the interests of the underwriters, while there is satisfactory proof that the death of the insured

person is the result of an accident covered by this policy.

- b. Failure to comply with the obligations under 4.8 I c-h, releases the underwriters from their obligation to pay the insured sum.
- c. There shall be no obligation to pay the insured sum if the underwriters have not been notified of an accident within 6 months of its having taken place. after the accident but not as a direct result

Article 5. MEDICAL EXPENSES

5.1. Coverage

According to D of the policy:

Reimbursement of the following medical expenses in case of accident or disease, but not exceeding the insured sum and within the period for which the insurance is valid:

- doctor's fees;
- expenses in connection with prescribed (X-ray) examinations, radiation treatment, massage, bandages and drugs, necessary first artificial limbs, etc.;
- expenses in connection with transport to and from the hospital or the doctor;
- expenses in connection with operations and nursing in a nursing home or hospital;
- expenses in connection with dental treatment required as a result of an accident, including necessary nonremovable elements such as crowns, etc. (see 5.2);
- expenses in connection with dental treatment not required as a result of an accident but only if said treatment is of an emergency nature and unable to wait until the insured person has returned to the Netherlands (see 5.2). There shall be no reimbursement of the costs of elements such as crowns, etc.;
- the costs of artificial limbs or other bodily parts if damaged as a result of an accident (see for false teeth, article 8 sub d);
- taxi expenses in connection with further treatment in the Netherlands, but not exceeding € 50,- and only if the insured person is unable to make use of public transport;

Reimbursement of said costs shall take place only in so far as they have been incurred for medical treatment during the period for which the insurance is valid, unless they pertain to an accident which took place in said period, in which case the costs of further medical treatment in the Netherlands in connection with that accident shall be reimbursed for no longer than 12 months after the original period of travel and to a maximum of € 1.150,-

5.2. Limitation of dental treatment

The costs of dental treatment shall be reimbursed to the maxima stated in the policy.

resulted in damage to

5.3. Exclusions.

The underwriters shall not reimburse:

1. expenses for which third parties are liable under law or contract;
2. expenses for fortifying tonics or foods or journeys to and residence at health resorts or convalescent homes.

5.4. Existing illnesses and/or disabilities

a. **medical expenses incurred abroad during journeys of less than 2 months.**

With regard to journeys of less than 2 months, medical expenses for the treatment of existing illness or disability incurred abroad, shall be reimbursed, provided said treatment cannot be postponed until the insured person has returned to the Netherlands or to his/her country of residence.

However, medical expenses in connection with the treatment of existing illness or disability are excluded, if the journey abroad was undertaken exclusively or in part in order to seek that medical treatment.

Abroad is taken to mean any country with the exception of:

- a. the insured person's country of residence;
- b. the Netherlands.

b. **medical expenses incurred abroad during journeys of more than 2 months.**

There shall be no reimbursement of medical expenses incurred abroad during journeys of more than 2 months:

- if the illness consists of, is the result of or is connected with any mental disability or abnormality, stress, nervous disorders, pregnancy, confinement, menstruation or climacteric disorders;
- if the illness existed or caused complaints before the commencement of the insurance, unless the insured person was not under medical supervision or had not taken drugs during the previous 6 months.

c. **medical expenses in the Netherlands.**

The exclusions under "medical expenses incurred abroad during journeys of more than 2 months" also apply to medical expenses incurred within the Netherlands, regardless of the duration of the insurance.

5.5. Obligations

Costs claimed against the underwriters by the insured person, must be demonstrated by production of original and specified bills.

If the insured person is taken into hospital, the ANWB alarm-centre must be contacted by telephone beforehand, or, if that should prove impossible, within one week, in order to ensure that the centre can consult with the insured person or his/her representative, the doctor and if necessary the insured person's general practitioner, and

then take those steps which are in the best interest of the insured person.

The insured person is obliged to undergo nursing in an category no higher than that covered by his own health insurance in the Netherlands, or, lacking this, in the lowest category.

Article 6.1. EXTRA COSTS

A. Coverage

According to E of the policy:

Reimbursement of necessary costs incurred in case of accident or illness as described under a-e and in the cases specified under f-i, to a maximum of the insured sum.

a. Return journey

The costs necessary in order to reach the place of residence. This category covers the costs of an ambulance or any other non-public means of transport only if this can be proved necessary by production of a doctor's certificate;

b. Longer stay

The costs in connection with the insured person's stay exceeding the period for which the insurance is valid, or the extra costs of the insured person's stay during that period;

c. Travelling companion

The necessary extra costs as described under b. incurred by the insured person's travelling companion or business relation who has had to remain behind in order to take care of or assist the injured or sick insured person, including the extra travelling expenses as described under a. incurred by said companion or business relation. The extra travelling and accommodation expenses incurred by the insured person as described under a. and b., in the case of the death of a co-insured member of the family or partner.

As far as the above pertains to a spouse or partner who has had to remain behind to take care of the other injured or sick spouse or partner, reimbursement shall include the extra costs incurred in connection with children under 16 years of age;

d. Family member summoned

The necessary travelling and accommodation expenses for one person summoned to take care of or assist an injured or sick insured person travelling alone, accommodation expenses are limited to € 100,- per day.

e. Costs of ski-passes, lifts, rental and lessons

If the insured person is obliged to return home at an early date owing to an accident or acute illness which he/she has suffered, or if he/she is unable to return having been taken into hospital, this insurance includes reimbursement of the costs of: ski-passes, lifts, rental (including ski sticks and shoes) and lessons in as far as the same have been paid for in advance by the insured person who has been unable to make use of them owing to his early return or hospitalization.

In case of an early return, said reimbursement includes the costs incurred by co-insured

members of the household returning with the insured person.

Reimbursement shall not take place unless original documents are produced and the additional premium for winter sport activities has been paid for the insured person(s).

f. Summons home

The necessary travelling and accommodation expenses as described under a. and b. incurred by the insured person as a result of being summoned home from abroad, within the term of insurance and in connection with the death or serious illness of, or serious accident to close family members or partners (according to the civil register) or business relations, in as far as the occurrence was not reasonably to be expected considering the state of health of the person concerned. Close family members are taken to mean exclusively: spouses, children (including fosterchildren, step-children and grandchildren), parents, grandparents, parents-in-law, brothers, sisters, brothers-in-law and sisters-in-law. Said extra travelling and accommodation expenses shall also be reimbursed in case of a summons home from abroad within the term in insurance and in connection with considerable damage to the insured person's property (as a result of fire, burglary, explosion or natural disaster), urgently requiring his/her presence.

If the insured person returns to the same or another holiday location within the term of insurance or within 14 days after his/her early return home, the necessary extra costs involved shall be reimbursed, but never exceeding the costs of a return to the original holiday location.

g. Severed communications/strikes/closed frontiers

The necessary extra travelling and accommodation expenses incurred by the insured person as a result of severed communications due to the following causes:

rock-falls, avalanches, abnormal snow-fall, floods, strikes and closed frontiers.

h. Driver medically unfit

Reimbursement on the basis of a second class train-fare, incurred by the insured person in order to reach to place of residence in The Netherlands, if the driver of the vehicle is found to be medically unfit to drive owing to accident or illness and will remain so for more than two days, while his/her travelling companions are unable to take over the task of driving.

i. Accompaniment

Travelling expenses there and back, including accommodation expenses, for one person to accompany insured children under 16 years of age back to The Netherlands, or to accompany insured persons in need of accompaniment in connection with a physical or mental disability, if the insured person in charge of the journey is no longer able owing to accident or illness.

j. Guarantee

The underwriters guarantee costs incurred or sums advanced by the ANWB alarm-centre on behalf of the insured person, in as far as the travellers' insurance includes coverage to a maximum of the insured sums.

B. Special obligation

In as far as is applicable:

- medical necessity must be proved by means of a statement by the doctor consulted;
- statements by the competent authorities or other persons with expert knowledge, must be produced.

In general, underwriters shall reimburse only those costs for which specified bills have been produced, while real savings will be deducted.

6.2. RENT VEHICLE

A. Coverage

1. Definition

- a. For the purpose of this article, vehicle refers to:
- a motorcar with Dutch registration to be driven by a driver with a driving license category A or B and used for the journey from the Netherlands.
 - the caravan, camping-trailer, boat-trailer or luggage-trailer towed behind it, hereafter to be called the trailer.
 - the moped or bicycle taken along or sent beforehand.
- b. If the insured person elects to rent a similar vehicle, then that other vehicle, even if registered abroad, shall be considered a vehicle for the purpose of this article.

2. Reimbursement of costs

- a. If the vehicle becomes useless (by which is meant that travel has become impossible) during the journey and within the period during which the insurance is valid, because of:
- damage to or breakdown or loss of the vehicle due to theft, fire, explosion, collision or any other event (however, confiscation or seizure only in the event of a traffic accident), including inherent faults;
 - avalanches, rock-falls, floods or other natural disasters, and providing return of the vehicle or repair within two working days is impossible, the following are insured:
1. the extra costs of renting a similar vehicle per object, to a maximum of the insured sum and for no longer than 25 days;
 2. the extra costs of train-fares, including the transportation of luggage, caused by the vehicle's becoming useless, in as far as said costs are incurred during the period for which the insurance is valid.
- b. If, withing 7 days before the date of commencement of the insurance, but not sooner than the date on which the policy was registered with the underwriters, the motorcar or trailer becomes useless due to theft, fire, explosion or any other external disaster and cannot be repaired within 2 working days after the date of

commencement, the costs referred to under a sub 1 and 2 are insured.

- c. Moreover, the extra accommodation costs for the insured persons caused by the delay due to the vehicle's having become useless, even if this lasts for less than 2 working days, and incurred within the period for which the insurance is valid, are also insured to a maximum of € 50,- per person per day and for not longer than 10 days.

B. Special obligation

In the event of a similar motorcar being rented or of travel by train, prior consent must be obtained from the underwriters.

C. Special exclusions

1. There is no right to reimbursement of said costs if the vehicle has become useless because the state repair is such that breakdown was foreseeable, or should in reason have been foreseeable, at the onset of the journey.
2. This insurance does not cover costs of repair.

6.3. ASSISTANCE

Coverage

Assistance is taken to mean assistance rendered by the services of the ANWB alarm-centre listed below.

The following are insured:

1. The costs of organizing transport for sick, injured or deceased insured persons to a hospital in the Netherlands or to their place of residence, including the costs of an accompanying doctor or nurse during transport as prescribed by a doctor. Transport of sick or injured persons requires a written certificate from the doctor consulted, showing:
 - that transport can be justifiably undertaken;
 - which form of transport is necessary;
 - whether and which type of accompaniment by a medically trained person has been prescribed.
2. The costs of shipment of medicine or other medical necessities urgently required and prescribed by a doctor, of which there are no ready alternatives on the spot. Purchase costs, in as far as the same are not covered as medical expenses (see article 5), customs excise and any costs of return shipments are for the insured person. Orders cannot be cancelled.

6.4. UNFORESEEN EXPENSES

If a person is entitled to reimbursement of costs, (partial) payment or assistance, the following are insured:

- a. if hospitalization or death occurs abroad, reimbursement over the whole of the period for which the insurance is valid and for all insured persons, shall include unforeseen costs which are in reason the result of or connected with said hospitalization or death, eg. costs incurred for fruit, reading material, presents for hospital staff,

telephone, telegrams and telex, to a maximum of € 125,-.

- b. travelling expenses incurred by co-insured members of the household or travelling companions in connection with hospital visits to a hospitalized insured person, to a maximum of € 250,- per policy.
- c. costs of telephone, telegrams and telex incurred when contacting the ANWB alarm-centre, also to a maximum of € 125,-.

Artikel 7. COSTS OF RESCUE, REPATRIATION AND TRANSPORT

7.1. Coverage

According to F of the policy:

If an insured person meets with an accident or falls ill, the following costs shall be reimbursed:

- a. Search and rescue costs.
The costs for search and rescue charged by the competent authorities, including the costs charged by the competent authorities for recovery of the body of a deceased person.
- b. Costs of repatriation per flying ambulance.
In addition to article 6.1 sub a, the costs of repatriation per flying ambulance shall also be reimbursed, in as far as:
 - such repatriation is medically necessary in order to prevent or diminish foreseeable permanent disability or in order to save the life of the insured person;
 - such medically indicated transport cannot take place any other way, such as by passenger aircraft, ambulance car, taxi, etc..Reimbursement shall take place on condition that either the insured person or the ANWB alarm-centre has obtained prior consent from the underwriters.
- c. Costs of transport of a body.
This category refers to reimbursement of the costs involved in transporting the body of the insured person to his/her former place of residence, to a maximum of the insured sum.
Said costs include those of the inner coffin, those connected with the necessary formalities and those charged by the authorities for recovery of the body.

Reimbursement of the latter shall take place if the insured person has met with a fatal accident or fallen fatally ill within the period during which the insurance is valid, regardless of whether he/she suffered from that illness before the insurance commenced. At the request of the insured person's relations, the costs of a funeral on the spot and the costs of travel and accommodation for members of the household and near relations (children, grandchildren, parents, grandparents, brothers and sisters), to a maximum of the sum which would have been reimbursed had transportation of the body to the former place of residence taken place.

Article 8. LUGGAGE

8.1. Coverage

According to G of the policy:

This insurance covers damage to or loss of luggage, which is defined as follows:

- the objects which the insured person has taken along for his/her own use, or those which he/she has sent beforehand or has had sent afterwards, providing the shipment took place within the period for which the insurance is valid;
- objects which have been purchased during the journey and during the period for which the insurance is valid, to a maximum of € 350,- per insured person; the following applies:
 - a. the insurance also covers damage to or loss of underwater equipment and skis transported with or by the insured person or hired abroad, provided the additional premium for underwater sports or winter sports has been charged;
 - b. 1. folding boats, inflatable boats, surf planks and bicycles are insured to a maximum of € 250,- per object, including accessories;
2. invalid chairs are insured to a maximum of € 500,- per chair.
 - c. motorcar and motorcycle tools, snow chains, motorcar receivers and transmitters (whether or not fixed, but those linked to the battery only) and spare parts (fan belt, sparking plugs, contact points and light bulbs, etc. only) are insured to a maximum of € 150,- for all insured persons;
 - d. false teeth are insured to a maximum of € 250,- per insured person;
 - e. this insurance includes reimbursement of the costs of the purchase of a replacement of clothes and toilet articles necessitated by a delay in the arrival of the luggage, but to a maximum of 10% of the sum for which the luggage is insured.
 - f. travel documents
This insurance covers damage to or loss of travel documents, defined as passports, tickets, car registration papers, number plates, carnets, green cards, visa, identity cards, diving licenses and tourist cards.
Reimbursement shall be calculated on the basis of the price charged for replacement documents only.
Extra travelling and accommodation expenses are not included.
 - g. (sun)glasses and/ or contact lenses are insured up to a maximum of € 250,-

8.2. Deductions

Coverage under article 8.1. is subject to deduction of the sum of € 100,- per policy.

Said sum shall be deducted from the reimbursement as calculated according to the other provisions of this insurance, but does this not apply if additional premium has been charged.

8.3. Limitations

This insurance does not cover money and paper of monetary value, unless the policy shows that these are insured separately.

In that case the cover shall never exceed € 750,- per person, with a maximum of € 1500,- per policy.

Insurance of money and paper of monetary value carries an own risk sum of € 45,- per event.

Valuables, which in any event include jewelry, watches, firs, photo and film apparatus, portable radios, televisions, video and similar apparatus, souvenirs, objects of art, antiques and curiosa are covered to a maximum of € 750,- per policy for all such objects together.

8.4. Exclusions

- a. This insurance does not cover:
 - securities of whatever nature, manuscripts, notes, draft texts;
 - collections (such as postage stamps, coins, etc.);
 - tools (with the exception of the motorcar and motorcycle tools specified under 8.1);
 - commercial goods and collections of samples;
 - animals;
 - boats and ships (with the exception of folding and inflatable boats and surf planks), aircraft (including hand-gliding and parachute equipment), motorcars and motorcycles (including mopeds), campers, caravettes and other vehicles (with the exception of bicycles, prams and invalid chairs) and the tents, accessories and spare parts belonging to the same.
 - professional equipment.
- b. This insurance explicitly does not include damage or loss as a result of wear and tear, inherent faults or decay and gradual weather influences, confiscation or seizure other than in connection with a traffic accident and damage due to moths or other vermin.
- c. There shall be no right to reimbursement if the insured person has not exercised due care to prevent loss and the of or damage to luggage. Lack of due care includes:
 - leaving valuable objects such as money, photo, film or video apparatus, jewelry, watches or firs in a motorcar, unless said objects are not visible from outside and are kept in a locked luggage boot;
 - the luggage boot of hatchback cars must moreover be covered and invisible from outside;
 - leaving valuables as described above unsupervised in other than properly locked places.

8.5. Reimbursement

Reimbursement shall be calculated on the basis of:

- replacement value for objects not older than 6 months;
- current value for objects older than 6 months.

Replacement value refers to the price of obtaining new objects of the same sort and quality; current value refers to the replacement value minus a percentage for devaluation due to wear and tear or the object's becoming obsolete.

The value of objects which cannot be replaced by new objects of the same sort and quality, shall be calculated according to the market value, which refers to the market price obtainable through sale of the objects by the insured person in the state in which they were immediately prior to the damage.

If damaged or broken objects can reasonably be repaired and/or can be replaced, the underwriters are entitled to have those objects repaired or replaced.

Reimbursement shall not exceed the insured sums, even if said sums are exceeded by the total value of the insured objects.

If the damage exceeds the insured maximum sums for all insured persons together, the sum total of the insured sums shall be divided among the insured persons in proportion with the damage suffered by each person.

8.6. Notification of damage

In the event of lost, stolen or missing objects, the insured person is obliged to report the same to the police authorities immediately and if possible on the spot and to furnish the underwriters with a statement that this report has been made.

Damage suffered in a hotel must also be reported to the hotel management and a statement on that report sent to the underwriters. If the damage occurred during transportation of insured objects by train, boat, aircraft or any other means of transport, the insured person is obliged to inspect the state of the objects on collecting them and to check whether anything is missing. In case of damaged or missing objects, the insured person is further obliged to report the same to the transport company and to demand that the company make a written report of the complaint.

This report must be sent to the underwriters.

The burden of proof in the event of theft and loss of or damage to luggage, including the extent of that damage, lies with the insured person.

The insured person is moreover obliged to prove damage at his own cost by producing bills of repair, experts' statements on the possibilities of repair, and other bills and/or invoices or duplicates of lost or damaged goods, or other evidence required by the underwriters. Failure to meet these obligations entitles the underwriters to refuse reimbursement.

Article 9. DAMAGE TO ACCOMMODATION

This insurance covers damage to accommodation and/or furnishings and equipment, rented or used by the insured person, and to a maximum of € 500,-. This category includes reimbursement of the costs resulting from the loss of the key of a locker rented during the journey. There is a right to said reimbursement provided the insured person is liable for the damage and that damage exceeds € 25,-.

Article 10. TERM OF EXPIRY

If the underwriters have made known their decision on a claim by an insured person or interested party, either by refusal or by (an offer of) payment as a final settlement, all rights against the underwriters in connection with the event upon which the claim is based, shall expire after 6 months after the day upon which the underwriters posted the letter containing their definite decision.

Article 11. NOTIFICATION OF CLAIMS

Notification of claims must be accompanied by the original policy.

Article 12. DISCHARGEMENT OF UNDERWRITERS

If the underwriters pay or credit the account of intermediaries acting for this insurance, the former shall be discharged of all obligations to the policy holder and/or the insured person and their heirs. However, this does not apply if the policy holder and/or the insured person or their heirs have notified the underwriters in writing that no payment to intermediaries is to take place.

Article 13. DISPUTES

All disputes arising from this agreement shall be decided by the competent court in Amsterdam or in the insured person's place of residence if the latter be a municipality in the Netherlands.

Article 14. BENEFICIARIES

Payment of the insured sum in the event of the insured person's death shall be made to that person's legal heirs, unless otherwise stipulated in the policy. Other payments or reimbursements shall be made to the insured person(s), with the exception of those owing to the ANWB alarm-centre in connection with its declaration of guarantee.

Neither the insured person's creditors, nor the State of The Netherlands or any other state can claim payment. This provision remains valid even after termination of the insurance.

Article 15. DUE CARE

The insured person or his/her heirs are obliged to take due care to prevent or contain damage or loss as far as possible.

Article 16. COINCIDING INSURANCE

Insurance under the categories of damage to accommodation, medical expenses, extra expenses, costs of transportation and luggage, applies only if that damage is not covered by another current insurance (including the so-called Internationale Reis- en Kredietbrief) or would be covered by the same had this insurance not existed.

In the event of another current insurance, the insured

sum under this insurance shall be considered excess to the insured sum under that other insurance. The insured costs of medical treatment in case of accident or illness are not covered if the insured person is entitled to medical care by a national health foundation or any other institution with the specific aim of refunding to its members the costs of medical treatment.

If an insured person is a member of a national health foundation, the insured sum covers reimbursement of the costs of such medical care as is not provided by that foundation.

Article 17 GENERAL EXCLUSIONS

1. a. This insurance specifically excludes accidents, damage, costs or loss due to:
 - nuclear atomic reaction, ionizing radiation, armed conflict, civil war, internal strife, rebellion, mutiny and riots, as described in the text deposited by the Union of Underwriters with the Clerk of the District Court of The Hague on November 2nd 1981.
 - requisitioning or confiscation.
- b. Coverage does extend to the taking of hostages, hijacking and air piracy, in as far as the same are not connected with the risks specified above.
2. Moreover, there shall be no right to reimbursement:
 - a. if the insured party or the interested party has given a false impression of events or made a false statement or has been in any way negligent with regard to his/her obligations;
 - b. if reimbursement has not been claimed within a year after falling due.
3. This insurance does not cover the costs incurred due to an accident to the insured person if said costs are excluded by article 4.4., with the exception of the costs incurred as specified in article 7.1.c.

As these conditions are a translation, the Dutch wording will prevail in case of disputes or differences.