

General Conditions of International Travel Insurance for Premium AMZS Members

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.
- (2) Insurance cover applies only for the risks defined in the insurance conditions stated in the insurance policy.
- (3) Travel is considered to be leisure travel of the Insured.

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) 1 530 53 54 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 psychotherapeutic 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) The liability of the Insurance Company in the sense of cover or reimbursement of costs reduces by 33 % 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) 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 - 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. 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 one year or for a shorter period, but in no case for less than 11 months.

Article 11 - Period of insurance cover

- (1) 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 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.

Article 12 - 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, in addition to the Insured, 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 if stated in the insurance policy. Family members may travel or could have travelled together or separately.

Article 13 - Territory of insurance cover

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.

Article 14 - 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 insurance policy, sums insured apply per insured event per insured person.

Article 15 - Participation of the insured

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

Article 16 - Insured event

An insured event is an event that occurred due to the realization of an insured risk.

Article 17 - 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.

Article 18 - 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 19 - 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.