

# UNICREDIT VISA GOLD CARD– BENEFIT SCHEDULE

BENEFIT TABLE	
<b>Section A - Travel Advice</b>	
Travel Advice	Included
<b>Section B - Travel Assistance</b>	
Medical Assistance	Included
Legal Assistance	Included
Cash Advance	Included
Lost or Stolen Document Assistance	Included
Interpreter	Included
Message Relay	Included
Lost Luggage Assistance	Included
<b>Section C – Delayed Departure/Abandonment</b>	
Delayed Departure, maximum	€150
- per 4 hour period	€ 25
<b>Section D - Baggage Delay and Extended Baggage Delay</b>	
Baggage Delay, after 6 hours	€ 250
<b>Section E - Involuntary Denial of Boarding</b>	
Involuntary Denial of Boarding	€ 100
Extended Denial of Boarding	€ 500
<b>Section F - Emergency Medical and Other Expenses</b>	
Medical Expenses and Repatriation Expenses	€ 5,000,000
Emergency Dental Pain Relief	€ 500
Transportation to Hospital if not free	Included
Close Relative to travel out if hospitalised	€150 per day, max. 10 days + Economy Flight
Extended Stay of Insured/Companion	€150 per day, max. 10 days
Return Home of Children	€150 per day, max. 3 days + Economy Flight
Convalescence, maximum	€ 1,000
- per day	€ 100
Funeral Expenses	€ 2,500
<b>Section G - Hospital Benefit</b>	
Hospital Benefit, maximum	€ 250
- per day	€ 25
<b>Section H - Baggage and Passport</b>	
Baggage, maximum	€ 1,000
- Single Article Limit	€ 200
- Valuables Limit in Total	€ 400
- Personal Money	€ 200
- Cash Limit	€ 100
- Cash Limit under 16's	€ 75
Lost or Stolen Passport	€ 500
<b>Section I - Travel Accident</b>	
Travel Accident, maximum	€ 250,000
- Loss of Limbs or Sight (Aged < 66)	€ 250,000
- Permanent Total Disablement (< 66)	€ 250,000
- Death Benefit (Aged 18 to 65)	€ 75,000
- Death Benefit (Under 18 or 65 yrs+)	€ 40,000
- All Benefits (66 yrs+)	€ 40,000

<b>Section J – ATM Theft/ Assault</b>	
ATM Theft/ Assault, maximum per year	€ 600
- Per Event	€ 300
<b>Section K – Purchase Protection</b>	
- Limit per 365 day period	€ 5,000
- Limit per Incident	€ 1,000
- Single Article Limit	€ 500
- per Item Excess	€ 75
<b>Section L – Extended Warranty</b>	
- Limit per 365 day period	€ 5,000
- Limit per Incident	€ 500

## IMPORTANT NOTICE

- Pre-existing medical conditions** are not covered.
- In order to be eligible to receive benefits under this Benefit Schedule **you** must charge **your trip**, or part of your trip, to your VISA Gold Card. This may include, for example, transportation costs such as Air Fare, Train Fare or Car Hire costs or Accommodation costs or Event costs. If you are travelling using your own transportation, have no booked accommodation and are unable to charge any of the above items to your VISA Gold Card, then you must charge part of your trip costs such as Fuel, tolls, meals or entertainment costs before any claim is made.
- In order to be eligible to receive benefits under this Benefit Schedule **you** must charge the **eligible item** in Section K - Purchase Protection Section L - Extended Warranty, in full to **your** Visa Gold Card.
- GOVERNING LANGUAGE:** This document is drawn up in both Slovenian and English language. In case of any inconsistency between Slovenian and English language version, the English language version of this Agreement shall prevail.

## INTRODUCTION

### IMPORTANT INFORMATION

This document is not a contract of insurance but summarises an insurance policy held by UniCredit Banka Slovenija d.d., Šmartinska cesta 140, SI – 1000 Ljubljana, Slovenia, Registration number: 5446546, Tax number: SI59622806 which provides benefits and coverage for the benefit of its Visa Gold **Card Holders**. The insurance policy is issued by SOLID Försäkrings AB under policy number AU3211620SO-2.

The policy provides insurance coverage for the benefit of UniCredit Banka Visa Gold **Card Holders**. The policy is held UniCredit Banka Slovenija d.d., Šmartinska cesta 140, SI – 1000 Ljubljana, Slovenia, Registration number: 5446546, Tax number: SI59622806, which is the only policyholder and only it has direct rights under the contract of insurance against the insurer. These rights are held for the benefit of (and in trust for) UniCredit Bank Visa Gold **Card Holders**. This document summarises the benefits available under the policy for UniCredit Bank Visa Gold **Card Holders**; it does not give UniCredit Bank Visa Gold **Card Holders** direct rights under the policy. Strict compliance with the terms and conditions of **our** policy is required if **you** are to receive a benefit.

Under the Financial Services Authority's Insurance Conduct of Business rules, UniCredit Bank Visa Gold **Card Holders** will not be customers of SOLID Försäkrings AB or of UniCredit Banka. The provision of these insurance benefits to UniCredit Bank Visa Gold **Card Holders** falls outside regulation by the Financial Services Authority.

### ELIGIBILITY

1. The benefits summarised in this document are dependent upon **you** being a valid UniCredit Bank Visa Gold **Card Holders** at the time of any incident giving rise to a claim and that **you** have charged **your trip** or part of your trip, to your VISA Gold Card. This may include, for example, transportation costs such as Air Fare, Train Fare or Car Hire costs or Accommodation costs or Event costs. If you are travelling using your own transportation, have no booked accommodation and are unable to charge any of the above items to your VISA Gold Card, then you must charge part of your trip costs such as Fuel, tolls, meals or entertainment costs before any claim is made. In order to be eligible to receive benefits under this Benefit Schedule **you** must charge the **eligible item** in Section K - Purchase Protection Section L - Extended Warranty, in full to **your** Visa Gold Card. UniCredit Banka will give **you** notice if there are any material changes to the policy or if it is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide. It contains details of benefits, conditions and exclusions relating to UniCredit Bank Visa Gold **Card Holders** and is the basis on which all claims will be settled.

## THE LAW APPLICABLE TO THESE BENEFITS

These benefits will be governed by the laws of Slovenia unless **we** have specifically agreed otherwise.

## UNDERWRITER

Benefits under this policy are underwritten by SOLID Försäkrings AB, BOX 22068, 250 22 Helsingborg registered in the Swedish Register of Business Enterprises, number 516401-8482

## PERIOD OF COVER

This document only constitutes a valid evidence of benefits when it is issued in conjunction with a valid UniCredit VISA Gold Card.

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## DEFINITIONS

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this Benefit Schedule. For ease of reading the definitions are highlighted by the use of bold print and will start with a capital letter.

### **Policy holder**

– UniCredit Banka Slovenija d.d., Šmartinska cesta 140, SI – 1000 Ljubljana, Slovenia, Registration number: 5446546, Tax number: SI59622806.

### **You/your/beneficiary (ies)**

– the **Card Holder** and his/her **family**, having charged the **trip** and/or **eligible item** in Section K – Purchase Protection and/or Section L - Extended Warranty in full to the UniCredit Bank Visa Gold card. Beneficiaries are covered for benefits when travelling independently of one another.

### **We/us/our**

– SOLID Försäkrings AB, BOX 22068, 250 22 Helsingborg registered in the Swedish Register of Business Enterprises, number 516401-8482

### **Assistance**

– the Assistance Service Provider

### **Baggage**

– luggage, clothing, personal effects, **valuables**, and other articles which belong to **you** and are worn, used or carried by **you** during any **trip**.

### **Benefit Table**

– the table listing the benefit amounts on page 1.

### **Bodily injury**

– an identifiable physical injury sustained by **you** due to a sudden, unexpected and specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.

### **Card Holder**

– the holder of a Visa Gold card, the card being valid and the account in good standing at the time of the incident.

### **Close relative**

– mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, legal ward, partner or fiancé/fiancée or Common-Law Partner (any **couple**, including same-sex, in a common law relationship or who have co-habited for at least 6 months).

### **Couple**

– the **Card Holder** and either their Fiancé(e), spouse/partner who is normally resident at the same address.

### **Country of residence**

– the country in which **you** legally reside and the country in which **your** card is issued.

### **Family**

– the spouse or legal partner of the **Card Holder**, their children, step children or foster children aged under 19, or age 19 to 21 if in full time education, accompanying the parents or legal guardian, travelling on any **trip** to the same destination.

### **Home**

– **your** normal place of residence in **your country of residence**.

### **Incidental basis**

– participating in sports that are not the sole or main reason for **your** **trip**.

### **Medical condition(s)**

– any disease, illness or injury.

#### **Medical practitioner**

– a qualified, registered practising member of the medical profession who is not related to **you** or any person with whom **you** are travelling.

#### **Period of insurance**

– any **trip** not exceeding 30 days. In the case of one way travel cover is limited to 7 days.

The **period of insurance** is automatically extended for the period of the delay in the event that **your** return to **your country of residence** is unavoidably delayed due to an event covered by this Benefit Schedule.

#### **Personal belongings**

- **Baggage, personal money.**

#### **Personal money**

- bank notes currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, hotel vouchers and passport, all held for private purposes.

#### **Pre-existing medical condition(s)**

– any medical or mental condition existing prior to **your trip** and/ or causing **you** pain or physical distress or severely restricting **your** normal mobility, including (but not limited to):

1. a condition for which **you** are on a waiting list for or have knowledge of the need for surgery, in-patient treatment or investigation at a hospital, clinic or nursing home;
2. a condition referred to a medical specialist or the cause of in-patient treatment within one year prior to **your trip**;
3. any mental condition including fear of flying or other travel phobia;
4. a condition for which **you** have not had a diagnosis;
5. a condition for which a **medical practitioner** has provided a terminal prognosis;
6. any circumstances **you** are aware of that could reasonably be expected to give rise to a claim on this Benefit Schedule.

#### **Public transport**

– any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

#### **Sports and activities**

– the activities listed on page 6 undertaken on an **incidental basis.**

#### **Territorial limits**

– worldwide, excluding the **country of residence** for Medical Benefits in Section F – Emergency Medical and Other Benefits and Section G – Hospital Benefit and Section J - ATM Theft. Any **trip** solely within the **country of residence** is only covered where **you** have pre - booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

#### **Terrorism**

– an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisations(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

#### **Trip**

- any holiday, or journey for business or pleasure made by **you** within the **territorial limits** during the **period of insurance.**

Any **trip** solely within the **country of residence** is only covered where **you** have pre - booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

#### **Unattended**

– when **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property or vehicle.

#### **Valuables**

– jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, leather goods, cameras, camcorders, photographic audio video computer television and telecommunications equipment (including CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes, binoculars, portable DVD players, ipods, MP3 and MP4 players.

### **GENERAL CONDITIONS**

These conditions apply throughout the Benefit Schedule. **You** must comply with the following conditions to have the full protection of the Benefit Schedule. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

#### **1. DUAL INSURANCE**

If at the time of any incident which results in a claim under this Benefit Schedule, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section I – Travel Accident). Under Section F – Emergency Medical and Other Expenses – **your** private health insurer must pay the first amount as stated in their policy and **we** will commence cover once that limit has been reached.

**You** must claim against **your** private health insurer, state health provider and/or other travel insurer first for any in-patient medical expenses abroad up to all applicable limits.

#### **2. REASONABLE PRECAUTIONS**

**You** must take and cause to be taken all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take and cause to be taken all practicable steps to safeguard **your** property from loss or damage and to recover property lost or stolen.

#### **3. MAXIMUM AGE LIMIT**

The maximum age limit for medical benefits in Section F – Emergency Medical and Other Benefits and Section G – Hospital Benefit is 65 years inclusive.

### **SPECIAL CONDITIONS APPLICABLE TO PERSONAL BELONGINGS**

1. **You** must report all incidences of loss, theft, or attempted theft of **personal belongings** to the local Police within 24 hours of discovery and obtain a written report. A Holiday Representatives Report is not sufficient.
2. For items damaged whilst on **your trip** **you** must obtain an official report from an appropriate local authority.
3. If **personal belongings** are lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **personal belongings** are lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) obtain a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) retain all travel tickets and tags for submission if a claim is to be made under the Benefit Schedule.
4. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

5. Receipts for items lost, stolen or damaged must be retained as these will help **you** to substantiate **your** claim.

## **CLAIMS CONDITIONS**

These conditions apply throughout **your** policy. **You** must comply with the following conditions to have the full protection of the policy. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

### The first thing **you** should do:

**We** recommend that **you** check **your** cover. Please read the appropriate section in the policy to see exactly what is, and is not covered, noting any conditions, limitations and exclusions. **Your** Insurance Certificate will show what sections are in force.

### If **bodily injury, emergency, illness, accident, involuntary denial of boarding, loss, theft or damage happens you** should immediately:

1. Call **Assistance** 24 hours a day on +386 (1) 2528 440 to report a medical emergency, request repatriation, report any loss, theft or damage.
2. Inform a local Police station in the country where the incident occurred and obtain a crime or lost property irregularity report.
3. Take all reasonable steps to recover missing property.
4. Take all reasonable steps to prevent a further incident.

If you need travel, legal, medical, lost luggage assistance, travel advice Call **Assistance** 24 hours a day on **+386 (1) 2528 440**

If you would like to file / report a claim Call **Assistance from 9:00 am to 5:00 pm** on **+386 (1) 2528 440**

### What **you** must do after making a claim:

1. Tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must also immediately send **us** any writ or summons, letter of claim or other document.
2. If **we** ask, **you** must send **us** written details of **your** claim within 31 days.
3. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, details of household insurance, medical certificates and assistance that may be needed.
4. **You** must supply all of **your** original invoices, receipts and reports etc. **We** have listed claims evidence that will help **you** substantiate **your** claim at the end of this policy wording.

### What **you** must not do:

1. Admit or deny any claim made by someone else against **you** or make any arrangement with them.
2. Abandon any property for **us** to deal with.
3. Dispose of any damaged items as **we** may need to see them.

**We** are entitled to take over any rights in the defence or settlement of any claim in **your** name for **our** benefit against any other party. **We** are entitled to take possession of the property insured and deal with any salvage. **We** may also pursue any claim to recover any amount due from a third party in the name of anyone claiming cover under this policy.

**We** reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post-mortem examination.

**We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills.

## **FRAUD**

**You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:

1. make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or

2. make a statement in support of a claim knowing the statement to be false in any respect or
3. submit a document in support of a claim knowing the document to be forged or false in any respect or
4. make a claim in respect of any loss or damage caused by **your** wilful act or with **your** connivance

Then

- a) **we** shall not pay the claim
- b) **we** shall not pay any other claim which has been or will be made under the policy
- c) **we** may at **our** option declare the policy void
- d) **we** shall be entitled to recover from **you** the amount of any claim already paid under the policy
- e) **we** may inform the police of the circumstances
- f) **we** shall not make any return of premium.

## **EMERGENCY AND MEDICAL SERVICE**

Contact **Assistance** on telephone: **+386 (1) 2528 440**

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of **curtailment** necessitating **your** early return **home**, or in the event of **you** incurring medical expenses in excess of €500, **you** must contact **Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment **you** must contact **Assistance** as soon as possible. Private medical treatment is not covered unless authorised specifically by **Assistance**.

### MEDICAL ASSISTANCE ABROAD

**Assistance** has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **Assistance** will also arrange transport **home** when this is considered to be medically necessary, or when **you** have notice of serious illness or death of a **close relative at home**.

### PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while outside **your country of residence**, **Assistance** will arrange for medical expenses covered by the Benefit Schedule to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact **Assistance** for **you** as soon as possible.

For simple out-patient treatment, **you** should pay the hospital/clinic yourself and claim back medical expenses from **us** on **your** return to **your country of residence**. Beware of requests for **you** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call **Assistance** for guidance.

## **RECIPROCAL HEALTH AGREEMENTS**

### EUROPEAN UNION (EU), EUROPEAN ECONOMIC AREA (EEA) AND SWITZERLAND

If **you** are a European Community resident **you** are entitled to health care through the public system in countries of the European union (EU), European Economic Area (EEA) and Switzerland if **you** become ill or injured while on a temporary stay there.

If **you** are travelling to another EU/EEA country or Switzerland, **we** strongly recommend **you** apply for and obtain a European Health Insurance Card for **yourself** and/or **family** and make sure that any medical treatment is provided at hospitals or by doctors working within the terms of the reciprocal health care agreement, unless **Assistance** agree otherwise. If **you** are admitted to a private clinic **you** may be transferred to a public hospital as soon as the transfer can be arranged safely.

## AUSTRALIA

Where applicable, if **you** require medical treatment in Australia **you** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **you** must do this after the first occasion **you** receive treatment. In-patient and out-patient treatment at a public hospital is then available free of charge.

If **you** are admitted to hospital contact must be made with the **Assistance** immediately and their authority obtained in respect of any treatment NOT available under MEDICARE.

## GENERAL EXCLUSIONS

These exclusions apply throughout **your** Benefit Schedule. **We** will not pay for claims arising directly or indirectly from:

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section F – Emergency Medical and Other Expenses, Section G – Hospital Benefit and Section I – Travel Accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. **Your** participation in or practice of any sport or activity unless it is shown as covered in the list of **Sports and Activities** on page 6.
5. **Your** engagement in or practice of: manual work involving the use of dangerous equipment in connection with a profession business or trade, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless a full driving licence issued in **your country of residence** is held permitting the use of such vehicles, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, or any tests for speed or endurance.
6. **Your** pursuit of the following winter sports; Off piste skiing without a guide, skiing against local authoritative warning or advice, ski stunting, free-style skiing, Nordic skiing, ice hockey, bobbing, tobogganing, heli skiing, ski acrobatics, ski flying, ski jumping, ski mountaineering, glacier skiing, snowcat skiing, snow carting or the use of bob sleighs, luges or skeletons.
7. **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the treatment of drug addiction), self exposure to needless peril (except in an attempt to save human life).
8. A condition **you** have in respect of which a **medical practitioner** has advised **you** not to travel or would have done so had **you** sought his/her advice.
9. A condition for which **you** are travelling with the intention of obtaining medical treatment (including surgery or investigation) or advice outside of **your country of residence**.
10. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
11. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
12. **Your** own unlawful action or any criminal proceedings against **you**.

13. Not covered is any claim where **you** are entitled to Indemnity under any other Insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other Insurance, or any amount recoverable from any other source, had these benefits herein not been effected.
14. Unless **we** provide cover under this insurance, any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost of replacing locks after losing keys, cost incurred in preparing a claim or loss of earnings following **bodily injury** or illness.
15. Operational duties as a member of the Armed Forces.
16. **Your** travel to a country or specific area or event to which a government agency in the **country of residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.

## SPECIAL EXCLUSIONS APPLICABLE TO PERSONAL BELONGINGS

1. Payment will be made based on the value of the property at the time it was damaged, lost or stolen. A deduction will be made for wear, tear and loss of value depending on the age of the property.
2. Loss, theft of or damage to **valuables** or **personal money** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box.
3. Loss, theft of or damage to **personal belongings** contained in an **unattended** vehicle:
  - a) overnight between 9pm and 8am (local time) or
  - b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
1. Loss or damage due to delay, confiscation or detention by customs or other authority.
2. Loss, theft of or damage to cheques other than travellers cheques, money, postal or money orders, pre-paid coupons or vouchers, travel tickets, credit/debit or charge cards.
3. Loss, theft of or damage to unset precious stones, contact or corneal lenses, eye glasses, hearing aids, dental or medical fittings, cosmetics, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, bicycles and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
4. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
5. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
6. Claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged.
7. Loss, theft of or damage to tools of trade, motor accessories and other items used in connection with **your** business, trade, profession or occupation.
8. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
9. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
10. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.

11. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **baggage**.
12. Claims arising from loss, theft or damage of **personal belongings** shipped as freight or under a bill of lading.

## **SPORTS AND ACTIVITIES**

**You** are covered under Section F – Emergency Medical and Other Expenses for the following activities automatically at no additional charge, provided that the activity is on an **incidental basis**.

- Archery (amateur)
- Badminton (amateur)
- Baseball (amateur)
- Basketball (amateur)
- Beach Games
- Bungee Jump (1)
- \*Camel / Elephant Riding (incidental)
- Canoeing (Up to Grade 3)
- \*Clay Pigeon Shooting
- Cricket (amateur)
- Cycling (other than specified)
- Dinghy Sailing
- Fell Walking
- Fencing
- Fishing
- Football (amateur)
- GAA Football (amateur)
- Golf (amateur)
- Hiking (under 2,000 meters altitude)
- Hockey (amateur)
- Horse Riding (up to 7 days)
- Jet Boating
- \*Jet Skiing
- Jogging
- Manual Work - bar and restaurant, waitress, waiter, chalet, maids, au pair and nanny's and occasional light manual work at ground level including retail work and fruit picking but excluding the use of power tools and machinery
- Marathon Running (amateur)
- Motorcycling up to **50cc**
- Netball (amateur)
- Non manual work (Including professional, administrative or clerical duties only)
- Orienteering
- Outwardbound Pursuits
- \*Paintballing
- Parascending (over water)
- Pony Trekking
- Racquetball
- River Canoeing (Up to Grade 3)
- Roller Skating
- Roller Blading
- Rounders
- Rowing
- Running – sprint/long distance (amateur)
- Sail Boarding
- \*Sailing within territorial waters
- Scuba Diving! Up to 30 metres if adequately supervised with qualified instructor (see notes below)
- Skate Boarding
- Snorkelling
- Squash (amateur)
- Surfing (amateur, under 14 days)
- Tennis (amateur)
- Tour Operator Safari
- Track Events
- Trekking (under 2,000 metres altitude)
- Volleyball (amateur)
- War Games
- Water Polo (amateur)
- Water skiing (amateur)
- White Water Rafting (Grade 1 to 3)

- Windsurfing (amateur)
- Yachting (racing/crewing inside territorial waters)

<sup>1</sup> Scuba diving – scuba diving to the following depths, when **you** hold the following qualifications, and are diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 35 metres
- BSAC Dive Leader – 50 metres

**We** must agree with any equivalent qualification. If **you** do not hold a qualification, **we** will only cover **you** to dive to a depth of 18 metres.

## **BENEFIT SCHEDULE**

### **SECTION A – TRAVEL ADVICE**

Contact **Assistance** on telephone: **+386 (1) 2528 440**

#### WHAT IS COVERED

Before and during **your trip we** will provide **you** with information on:

1. current visa and entry requirements for all countries. If **you** hold a passport from a country other than the **country of residence**, **we** may need to refer **you** to the embassy or consulate of the country concerned.
2. current vaccination requirements for all countries and information on current World Health Organisation warnings.
3. weather forecasts abroad.
4. specific languages spoken at the travel destination.
5. time zones and time differences.
6. opening hours of major banks including information and advice on the acceptability of various currencies and the main currency in use at the travel destination.

### **SECTION B – TRAVEL ASSISTANCE**

Contact **Assistance** on telephone: **+386 (1) 2528 440**

#### WHAT IS COVERED

During **your trip we** will:

1. assist **you** with the procurement of a lawyer and/or interpreter and or the advance of any legal or interpreter's fees if **you** are arrested or threatened with arrest while travelling, or are required to deal with any public authority.
2. relay messages to **your close relatives**, business colleagues or friends in **your country of residence**.
3. assist in locating **your** lost luggage and provide **you** with regular updates on the current situation.
4. provide an advance if **your** cash, traveller's cheques or credit cards are lost or stolen and there are no other means for **you** to obtain funds. All advances and delivery fees will be charged to **your** Visa Gold Card account unless other accepted means of repayment to **us** are made in advance.
5. assist in obtaining replacement travel documents if the documents required for the return journey are lost or stolen. **We** will not pay the charges payable for issuing new documents. In the event that travel tickets for the return journey are lost or stolen, an advance shall be paid to enable purchase of a replacement ticket. All advances and delivery fees will be charged to **your** Visa Gold Card account unless other accepted means of repayment to **us** are made in advance.

#### SPECIAL CONDITIONS

Anything mentioned in GENERAL CONDITIONS on page 3.

#### WHAT IS NOT COVERED

1. The cost of any advance or delivery fee.
2. Anything mentioned in GENERAL EXCLUSIONS on page 5.

If the loss is permanent the amount paid will be deducted from the final amount to be paid under Section H - Baggage.

#### SPECIAL CONDITIONS

1. Written confirmation must be obtained from the carrier, confirming the number of hours the **baggage** was delayed.
2. All receipts must be retained.
3. Anything mentioned under SPECIAL CONDITIONS APPLICABLE TO PERSONAL BELONGINGS on page 3.
4. Anything mentioned in GENERAL CONDITIONS on page 3.

#### WHAT IS NOT COVERED

1. Anything mentioned under SPECIAL EXCLUSIONS APPLICABLE TO PERSONAL BELONGINGS on page 5.
2. Anything mentioned in GENERAL EXCLUSIONS on page 5.

### SECTION E – INVOLUNTARY DENIAL OF BOARDING

Contact **Assistance** on telephone: **+386 (1) 2528 440**

#### WHAT IS COVERED DENIAL OF BOARDING

If **you** have checked-in, or attempted to check in, for a confirmed scheduled flight, within the published check-in times, and **you** are involuntarily denied boarding as a result of overbooking, **we** will pay **your** costs incurred in respect of restaurant meals and refreshments consumed between the original scheduled flight departure time and **your** actual departure time, up to the amount shown in the **Benefit Table**.

#### EXTENDED DENIAL OF BOARDING

If **you** are delayed for more than six hours, **we** will pay up to the amount shown in the **Benefit Table** for **your** costs incurred in respect of hotel accommodation used and restaurant meals and refreshments consumed, within 30 hours of the original scheduled flight departure time, and before **your** actual departure.

#### SPECIAL CONDITIONS

1. **You** may claim only once under Section C – Delayed Departure/Abandonment or once under Section D – Missed Departure/Missed Connection or once under Section E – Involuntary Denial of Boarding for the same event, not twice or all.
2. Anything mentioned in GENERAL CONDITIONS on page 3.

#### WHAT IS NOT COVERED

1. Any costs or charges for which the airline will compensate **you**;
2. Any costs or charges incurred where seat bumping was not involuntary and/or on a mandatory basis;
3. Any claims where written proof from the airline is not obtained confirming **your** inability to travel through over-booking and the period of delay until **your** next available flight is confirmed.
4. Anything mentioned in GENERAL EXCLUSIONS on page 5.

### SECTION F – EMERGENCY MEDICAL EXPENSES

For emergency and medical services Contact **Assistance** on telephone: **+386 (1) 2528 440**

#### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the **Benefit Table**, for the following expenses which are necessarily incurred outside of the **country of residence** as a result of **your** suffering **bodily injury** or a **medical condition** and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of the **country of residence**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to the limit in the **Benefit Table** incurred outside of the **country of residence**.

### SECTION C – DELAYED DEPARTURE

Contact **Assistance** on telephone: **+386 (1) 2528 440**

#### WHAT IS COVERED

If departure of the scheduled **public transport** on which **you** are booked to travel is delayed at the final departure point from or to the **country of residence** for at least 4 hours from the scheduled time of departure due to:

- a) strike or
- b) industrial action or
- c) adverse weather conditions or
- d) mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel

**We** will pay **you**

1. up to the amount shown in the **Benefit Table** for each completed 4 hours delay up to a maximum of the amount shown in the **Benefit Table**, or

#### SPECIAL CONDITIONS

1. **You** must check in according to the itinerary supplied to **you**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. **You** may claim only once under Section C – Delayed Departure/Abandonment or once under Section D – Missed Departure/Missed Connection or once under Section E – Involuntary Denial of Boarding for the same event, not twice or all.
5. Anything mentioned in GENERAL CONDITIONS on page 3.

#### WHAT IS NOT COVERED

1. Claims arising directly or indirectly from:
  - a) Strike or industrial action or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
  - b) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
2. Anything mentioned in GENERAL EXCLUSIONS on page 5.

### SECTION D – BAGGAGE DELAY

Contact **Assistance** on telephone: **+386 (1) 2528 440**

#### WHAT IS COVERED BAGGAGE DELAY

**We** will pay **you** up to the amount shown in the **Benefit Table** for Baggage Delay for the emergency replacement of clothing, medication and toiletries if the checked in **baggage** is temporarily lost in transit during the outward journey and not returned to **you** within 6 hours of **your** arrival.

#### EXTENDED BAGGAGE DELAY

**We** will pay **you** up to the amount shown in the **Benefit Table** for Extended Baggage Delay if the checked in **baggage** has still not arrived at **your** destination airport within 48 hours of **your** arrival.

3. In the event of **your** death outside of the **country of residence** the reasonable additional cost of funeral expenses abroad up to a maximum of €2,500 plus the reasonable cost of conveying **your** ashes to **your home**, or the additional costs of returning **your** remains to **your home**.
4. Up to the amount shown in the **Benefit Table** per night for 10 nights for reasonable accommodation expenses incurred, up to the standard of **your** original booking, if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of **Assistance**, up to the amount shown in the **Benefit Table** per night for reasonable additional accommodation expenses for a friend or **close relative** to remain with **you** and escort **you home**. If **you** and **your** friend or **close relative** are unable to use the original return ticket, **Assistance** will provide additional travel expenses up to the standard of **your** original booking to return **you** to **your home**.
5. Economy class transport and up to the amount shown in the **Benefit Table** per night for 10 nights accommodation expenses for a **close relative** from the **country of residence** to visit **you** or escort **you to your home** if **you** are travelling alone and if **you** are hospitalised as an in-patient for more than 10 days, with the prior authorisation of **Assistance**.
6. With the prior authorisation of **Assistance**, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you to your home** if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless **Assistance** agree otherwise.
7. Economy class transport and up to the amount shown in the **Benefit Table** per night for 3 nights accommodation expenses for a friend or **close relative** to travel from the **country of residence** to escort **beneficiaries** under the age of 16 to **your home** in the **country of residence** if **you** are physically unable to take care of them. If **you** cannot nominate a person **we** will then select a competent person.
8. If **we** have repatriated **you to your country of residence** with a medical escort **we** will pay for **your** accommodation, food and nursing costs for up to 10 days up to the amounts listed in the **Benefit Table** while **you** are convalescing in a Nursing Home registered in accordance with the legislation in the **country of residence**. The convalescence must immediately follow **your** repatriation and be agreed to by **our** senior medical officer in consultation with the registered **medical practitioner** treating **you**.

#### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. **You** must contact **Assistance** as soon as possible in the event of **you** incurring medical expenses in excess of €500 relating to any one incident.
3. In the event of **your** **bodily injury** or **medical condition** **we** reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to the **country of residence** at any time during the **trip**. **We** will do this if in the opinion of the **medical practitioner** in attendance or **Assistance** **you** can be moved safely and / or travel safely to the **country of residence** to continue treatment.
4. **You** must Always contact **Assistance** before **curtailing your trip**.
5. **You** must claim against **your** state or private health insurer first for any in-patient medical expenses abroad up to **your** policy limit. In the event of a claim under this section **you** must advise **us** of any other insurance policy **you** hold or benefit from which may provide cover.
6. Anything mentioned in GENERAL CONDITIONS on page 3.

#### WHAT IS NOT COVERED

1. **Pre-existing medical conditions**
2. Any claims arising directly or indirectly in respect of:

- a) Costs of telephone calls, other than calls to **Assistance** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
  - b) The cost of treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
  - c) Any expenses which are not usual, reasonable or customary to treat **your** **bodily injury** or **medical condition**.
  - d) Any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and **Assistance** can be delayed reasonably until **your** return to the **country of residence**.
  - e) Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence**.
  - f) Additional costs arising from single or private room accommodation.
  - g) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **Assistance**.
  - h) Any expenses incurred after **you** have returned to the **country of residence** unless previously agreed to by **Assistance**.
  - i) Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - j) **Your** decision not to be repatriated after the date when in the opinion of **Assistance** it is safe to do so.
3. Anything mentioned in GENERAL EXCLUSIONS on page 5.

## SECTION G - HOSPITAL BENEFIT

For emergency and medical services Contact **Assistance** on telephone: **+386 (1) 2528 440**

#### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the **Benefit Table**, for every complete 24 hours **you** have to stay in hospital as an in-patient outside the **country of residence** as a result of **bodily injury** or **medical condition** **you** sustain. **We** will pay the amount in the **Benefit Table** in addition to any amount payable under Section F – Emergency Medical and Other Expenses.

#### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient.
2. Anything mentioned in GENERAL CONDITIONS on page 3.

#### WHAT IS NOT COVERED

1. Any claims arising directly or indirectly from:
  - a) Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
  - b) Hospitalisation relating to any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and **Assistance** can be delayed reasonably until **your** return to the **country of residence**.
  - c) Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
  - d) Hospitalisation as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - e) Any additional period of hospitalisation following **your** decision not to be repatriated after the date when in the opinion of **Assistance** it is safe to do so.
2. **Pre-existing medical conditions**
3. Anything mentioned in GENERAL EXCLUSIONS on page 5.



## SECTION H – BAGGAGE

Contact **Assistance** on telephone: **+386 (1) 2528 440**

### WHAT IS COVERED BAGGAGE

**We** will pay **you**, up to the amount shown in the **Benefit Table**, for the accidental loss of, theft of or damage to **baggage**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **we** may at **our** option replace, reinstate or repair the lost or damaged **baggage**). The maximum **we** will pay for any one article, pair or set of articles is equal to the Single Item Limit shown in the **Benefit Table**. The maximum **we** will pay for all **valuables** in total is equal to the **valuables** Limit shown in the **Benefit Table**.

### PERSONAL MONEY

**We** will pay **you** up to the amounts shown in the **Benefit Table** for the accidental loss of, theft of or damage to **personal money**.

**We** will pay **you** up to the amounts shown in the **Benefit Table** for cash limit for bank notes, currency notes and coins and up to the Cash Limit for under 16's if **you** are under the age of 16.

### PASSPORT

**We** will pay **you** up to the amount shown in the **Benefit Table** for reasonable additional travel and accommodation expenses incurred necessarily abroad to obtain a replacement of **your** lost or stolen passport. **We** will only pay the pro-rata value of the lost passport.

### SPECIAL CONDITIONS

1. All receipts must be retained.
2. Anything mentioned under SPECIAL CONDITIONS APPLICABLE TO PERSONAL BELONGINGS on page 3.
3. Anything mentioned in GENERAL CONDITIONS on page 3.

### WHAT IS NOT COVERED

1. Anything mentioned under SPECIAL EXCLUSIONS APPLICABLE TO PERSONAL BELONGINGS on page 5.
2. Anything mentioned in GENERAL EXCLUSIONS on page 5.

## SECTION I - TRAVEL ACCIDENT

Contact **Assistance** on telephone: **+386 (1) 2528 440**

### DEFINITIONS - Applicable to this section

#### **Loss of limb**

– loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

#### **Loss of sight**

– total and irrecoverable loss of sight in both eyes.

### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the **Benefit Table**, if **you** sustain **bodily injury** whilst on a public conveyance which shall solely and independently of any other cause, result within one year in **your** death, **loss of limb**, **loss of sight** or permanent total disablement.

### SPECIAL CONDITIONS

1. **Our medical practitioner** may examine **you** as often as they deem necessary in the event of a claim.
2. Anything mentioned in GENERAL CONDITIONS on page 3.

### PROVISIONS

The benefit is not payable to **you**:

1. Under more than one of the items shown in the **Benefit Table**.
2. Under Permanent Total Disablement, until one year after the date **you** sustain **bodily injury**.

3. Under Permanent Total Disablement, if **you** are able or may be able to carry out any gainful employment or gainful occupation.

### WHAT IS NOT COVERED

1. **Pre-existing medical conditions**
2. Anything mentioned in GENERAL EXCLUSIONS on page 5.

## SECTION J – ATM THEFT / ASSAULT

Contact **Assistance** on telephone: **+386 (1) 2528 440**

### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the **Benefit Table** if **you** are mugged or robbed and the cash that **you** have withdrawn from an ATM with **your** Visa Gold Card is taken from **you** within 500 meters of the ATM and within 1 hour of the withdrawal during a **trip**.

### SPECIAL CONDITIONS

1. **You** must report the theft to the police within 4 hours of the attack/robbery.
2. **You** must report the incident to **Assistance** within 72 hours of the attack/robbery.
3. **You** must obtain a written report from the police which includes an incident number.
4. **You** must provide proof of the amount, date and time of the covered withdrawal.
5. Anything mentioned in GENERAL CONDITIONS on page 3.

### WHAT IS NOT COVERED

1. Any cash that is withdrawn before 1 hour of the time of the robbery and/or not withdrawn using the Visa Gold Card.
2. Anything mentioned in GENERAL EXCLUSIONS on page 5.

## SECTION K – PURCHASE PROTECTION

Contact **Assistance** on telephone: **+386 (1) 2528 440**

### DEFINITIONS - Applicable to this section

#### **You/your**

– the holder of a Visa Gold card, the card being valid and the account in good standing at the time of the incident.

#### **Eligible item**

– an item, purchased by the **Card Holder** solely for personal use (including gifts), which has been charged fully to the **Card Holders** Visa Gold Card account and is not listed under WHAT IS NOT COVERED in this section.

#### **Purchase price**

– the lower of the amounts shown on either the Visa Gold Card billing statement or the store receipt for the **eligible item**.

### WHAT IS COVERED

In the event of loss through theft, fire and accidental damage to an **eligible item** within 90 days of purchase, **We** will, at **our** option, replace or repair the **eligible item** or credit **your** Visa Gold Card account an amount not exceeding the **purchase price** of the **eligible item**, or the single item limit shown in the **Benefit Table** whichever is lower. **We** will not pay more than the amount shown in the **Benefit Table** for any one event, or more than the maximum amount shown in the **Benefit Table** in any one 365 day period.

### SPECIAL CONDITIONS

1. Purchase Protection provides cover only for claims or portions of claims that are not covered by other applicable guarantees, warranties, insurance or indemnity policies, subject to the stated limits of liability
2. Claims for an **eligible item** belonging to a pair or set, will be paid up to the full **purchase price** of the pair or set, provided the items are not useable individually and cannot be replaced individually.
3. If **you** purchase the **eligible item** as a gift for someone else, **we** will if **you** wish, pay a valid claim to the recipient, subject to **you** making the claim.
4. **You** must exercise due diligence and do all things reasonably practicable to avoid any direct physical theft or damage to an **eligible item**.
5. **You** will need to transfer to **us**, on **our** request and at **your** expense, any damaged **eligible item** or part of a pair or set, and assign the legal rights to recover from the party responsible up to the amount **we** have paid.
6. **You** must document that the claim has not been sent to other insurance company.
7. **You** must provide **us** with the original sales receipt from store, original of card receipt, original of account showing the transaction and the police report.
8. Anything mentioned in GENERAL CONDITIONS on page 3.

#### WHAT IS NOT COVERED

1. The excess of €75, applying to each and every claim.
2. Lost items not connected to theft, fire or damage caused by accident.
3. Mysterious disappearance of items.
4. Theft or damage caused by fraud, mistreatment, carelessness or not following the manufacturers manual.
5. Items which were used before purchase, second-hand, altered, or bought fraudulently by the **Card Holder**.
6. Damage to items caused by product defects.
7. Expenses due to repairs not performed by workshops approved by **Assistance**.
8. Stolen items not reported to the police within 48 hours of discovery and a written report obtained.
9. Items left **unattended** in a place accessible to the public.
10. Loss or damage due to normal wear and tear of items or damage due to normal use or normal activity during sports and games (example golf- tennis balls, or other consumable items used for sport or games).
11. Motor vehicles, motorcycles, bicycles, boats, caravans, trailers, hovercraft, aircraft and their accessories.
12. Loss or damage due to radioactivity, water, damp, earthquake, unexplainable disappearance or error during production.
13. Theft, loss or damage when item is under supervision, control or taking care of, by third party other than allowed according to safety regulations.
14. Items not received by the **Card Holder** or other party pointed out by the **Card Holder**.
15. Losses from any item of any property, land or premises unless entry or exit to the property or premises was gained by the use of force, resulting in visible physical damage to the property or premises.
16. Direct physical theft or damage to items in a motor vehicle or as a result of the theft of said motor vehicle.
17. Loss caused by declared or undeclared war, confiscation by order of any government or public authority, or arising from illegal acts.
18. Loss of jewellery, watches, precious metals and gemstones in **baggage** unless carried by hand and under the **Card Holder's** personal supervision or under the supervision of a travelling companion previously known to the **Card Holder**.
19. Service, cash, travel checks, tickets, documents, currency, silver and gold.
20. Art, antiques, rare coins, stamps and collector's items.
21. Animals, living plants, consumables, perishable goods or permanent installations.
22. Electronic items and equipment, including but not limited to, personal stereos, MP3 players, computers or computer-related

- equipment whilst at **your** place of employment, items used for business purpose.
23. Riot and civil commotions, strikes, labour and political disturbances.
24. Any mail order items or items delivered by courier until item or items are received, checked for damage and accepted at the nominated delivery address.
25. Items purchased on the Internet unless it is from a local country registered site.
26. Theft or accidental damage to any item where there is any other insurance covering the same theft or accidental damage, or where the terms and conditions of such other insurance have been broken or for the reimbursement of any evident excess.
27. Anything mentioned in GENERAL EXCLUSIONS on page 5.

## SECTION L – EXTENDED WARRANTY

Contact **Assistance** on telephone: **+386 (1) 2528 440**

### DEFINITION - Applicable to this section

#### **Eligible Item**

– means an electrical household good, purchased by the **Card Holder** solely for personal use, which has been charged fully to the Card Holders Gold Visa Card account, in a store located in the Country of Residence (other than a Duty-Free Zone) or via an Internet site where the sales company is registered in the Country of Residence and the Internet sale of the retail item is meant for the Country of Residence market and is not listed as an item which is not covered.

#### WHAT IS COVERED

One additional year of cover will be added to the end of the original manufacturer's warranty, up to a maximum of five years in total, for every **Eligible Item**. Repair expenses will be paid up to the price paid for the product up to the maximum shown in the schedule of benefits, whichever is the smaller amount. The maximum paid per **Card Holder** per 365 day period is as shown in the schedule of benefits.

If it is impossible or cost prohibitive to repair the **Eligible Item**, the **Card Holder** will be compensated with a like product. If it is not possible to find a like product the **Card Holder** will be reimbursed with an item of the same quality and specification.

#### In the Event of a Claim

If **Eligible Item** breaks down, please Contact **Assistance** on telephone: +386 (1) 2528 440, giving **Your** name, Gold Visa Card number, **Eligible Item** brand and model and the breakdown date. **We** will confirm that the Eligible Item is registered and **You** will be directed to an authorised service centre. **We** will send **You** a claim form. Please retain the repair receipt from the service centre specifying the breakdown and price for repair. Claim forms and all documentation must be sent to **Us** within 90 days of the repair date.

#### SPECIAL CONDITIONS

1. Only electrical household products with well-known brand names, with original manufacturers' warranties can be registered.
2. You must keep the original sales receipt from store, original of card receipt, original of account statement showing the transaction was paid in full with the Gold Visa Card and the original manufacturers warranty card.
3. Extended Warranty only covers Mechanical Breakdown - Repair expenses if your product breaks down after the manufacturer's original warranty has expired.
4. Cover for Mechanical Breakdown starts from the date the original manufacturer's warranty ends and lasts for (one) year from that date subject to maximum of five years.
5. There is no limit to the number of purchases the **Card Holder** may make.

6. **You** must use the service centre authorised by **Us** for the repair of the **Eligible Item**.
7. All items must be purchased with a valid UniCredit Bank Visa Classic Card and have received confirmation of purchase

#### WHAT IS NOT COVERED

1. The excess shown in the schedule of benefits, applying to each and every claim.
2. Non-electrical items.
3. Items which do not have an original manufacturer's warranty valid in the Country of Residency.
4. Items which do not have a Country of Residency specification or that are not available in the Country of Residency.
5. Items bought which have been used, altered or are second-hand.
6. Items that are specified by supplier as a consumable item or items that shall be thrown away after usage, included, but not limited to bulbs, fuses and batteries.
7. Installation expenses or changes on an item.
8. Cleaning expenses, included, but not limited to filter on a washing machine, video and cassettes.
9. The cost of rectifying blockages (except in the cooling system of refrigeration equipment).
10. Any costs incurred in gaining access for repair to any appliance that has been incorporated into fitted units.
11. Expenses linked to supplier's withdrawal of a product.
12. Expenses linked to rebuild.
13. Items used for business purposes.
14. Expenses linked to repairs caused by routine service, inspections or installations.
15. Computer software and other accessories to computers not fully assembled by the manufacturer.
16. Damage caused by not following the supplier's manual, instructions or installations.
17. Corrosion.
18. Damage caused by mistreatment or carelessness.
19. Lightning, storm or flood.
20. War or hostile surroundings including invasions, revolts.
21. Expenses due to supplement equipment.
22. Expenses due to repairs not performed by workshops approved by the manufacturer.

23. Expenses when a repairman can't find anything broken.
24. Loss due to not able to use the item, or other loss other than the product itself, exception destroyed food.
25. Electrical items which are purchased for resale.
26. Consequential damages, including bodily injury, property damage, punitive damages, exemplary damages and legal fees.
27. Items without a serial number.
28. Any costs other than those specifically covered under the terms of the original manufacturer's written repair warranty.

## COMPLAINTS PROCEDURE

### MAKING YOURSELF HEARD

**We** are committed to providing **you** with an exceptional level of service and customer care. **We** realize that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

### WHEN YOU CONTACT US:

Please give **us your** name and contact telephone number. Please quote **your** Visa Gold Card and/or claim number. Please explain clearly and concisely the reason for **your** complaint.

### STEP ONE – INITIATING YOUR COMPLAINT

**You** need to contact **Assistance** on **+386 (1) 2528 440** or send an e-mail to [asistenca@unicreditgroup.si](mailto:asistenca@unicreditgroup.si).

**We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further.

### STEP TWO – CONTACTING SOLID INSURANCE HEAD OFFICE

If **Your** complaint is one of the few that cannot be resolved by this stage contact the Head of SOLID Insurance in **Your** preferred language, who will arrange for an investigation on behalf of the Chief Executive: SOLID Försäkringar, Box 22068, 250 22 Helsingborg, Sweden. Corp ID No 516401-8482 SOLID insurance is a Swedish based insurance company regulated by the Swedish FSA (Reference Number: 401229) Or **You** may use e-mail: [info@solidab.com](mailto:info@solidab.com)