

tsm

COMPAGNIE D'ASSURANCES
VERSICHERUNGS - GESELLSCHAFT
INSURANCE COMPANY

General Provisions

CONTRACT NO. 7021601

Club Med **Écran Total**®

HOLIDAY INSURANCE

Club Med 



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✓ Do you want to report a claim?

Call



+41 (0)4 35 88 13 85

Online claims:

<https://clubmed.ch.claims.axa.travel/>



**DEPENDING ON YOUR CLAIM,
YOU MUST CALL US WITHIN :**

Cancellation

less than
5 working
days



Luggage

less than
2 working
days



Other Cover

less than
5 working
days



IMPORTANT:

**in case of cancellation, you must within two working days
notify the travel agency or the organizer of your trip.**

Search and rescue costs

less than
5 working
days



Breakage or theft of ski equipment

less than
5 working
days



Other Cover

less than
5 working
days



Cover Schedule of Amounts

Insurance cover

Maximum amounts per GM



TRIP CANCELLATION

- Illness, accident or death
- Any justifiable reason
- Lack or excess of snow



As per Club Med's terms and conditions of sale with a maximum of 9,000 CHF per GM and 37,000 CHF per event

Excess : 10 % (max 800 CHF)



MISSED PLANE

Cover includes a new airline ticket in the event of departure within 24 hours at 50% of the total amount of your initial package



DELAYED FLIGHT

Delay of more than 6 hours leading to a missed connection, for technical reasons or due to the weather.

Lump sum of 240 CHF



LUGGAGE AND PERSONAL POSSESSIONS

- Theft, loss or damage to luggage

Limit for valuables:

50% of the cover amount

Excess applies only to damage to luggage

- Accidental damage to or theft of sports equipment

Excess

Delay in delivery of luggage > 24 hours

4,800 CHF

2,400 CHF

75 CHF

4,800 CHF

10% of the value of the damage,
min. 80 CHF

Lump sum of 480 CHF



COMPENSATORY TRIP

In the event of medical repatriation



Maximum of 9,000 CHF in the form of Club Med vouchers



TRIP CURTAILMENT

In the event of anticipated return

Pro rata basis with a maximum of 9,000 CHF (37,000 CHF per event)



SEARCH AND RESCUE COSTS AT SEA AND IN MOUNTAINS

24,300 CHF



PERSONAL ACCIDENT

- Death and/or permanent disability
- Funeral expenses and/or permanent disability for insured minors

121,500 CHF

12,300 CHF



ADDITIONAL REIMBURSEMENT OF MEDICAL EXPENSES INCURRED ABROAD (in addition to Club Med cover)

243,000 CHF

Excess

80 CHF per GM and per event



BREAKAGE AND THEFT OF SKI EQUIPMENT, EITHER PERSONAL OR HIRED FROM CLUB MED

Cover the cost of hiring a replacement pair of skis



REIMBURSEMENT FOR LOST OR STOLEN SKI LIFT PASSES

Pro rata basis of any unused ski lift passes following the purchase of a new pass



RESCUE COSTS ON OR OFF THE SLOPES

Up to 24,300 CHF



COMPENSATION OR RELOCATION COSTS IN THE EVENT OF A LACK OR EXCESS OF SNOW

Fixed compensation of CHF 550 in the form of vouchers valid for Club Med or transport costs of CHF 550 maximum

Cover effective **date and term**

✓ Cover	✓ Effective Date	✓ Expiry of cover
Trip cancellation	The day the insurance policy is taken out	The day the trip starts
Other cover	The day the trip starts	The last day of the trip

The cover detailed above (with the exception of the “TRIP CANCELLATION” cover) is only valid during a trip sold by Club Med within a maximum of 3 months of the departure date. This policy only covers services purchased from Club Med.

The cover may be subject to exceptions, limitations and excesses. Please see the provisions below for the detail, scope and conditions of the cover.

General information

This insurance is a group damage insurance contract underwritten by Club Med, a simplified joint stock company headquartered at 11, rue de Cambrai - 75019 Paris, registered with the RCS in Paris under number 572185684, for the benefit of its clients residing in Switzerland and in the Principality of Liechtenstein who have chosen to become members of the group non-life insurance contract.

This policy is insured by the TSM insurance company, cooperative company under Swiss law, non-life insurance company authorised by the Swiss Financial Market Supervisory Authority FINMA, registered with the commercial register in the canton of Neuchâtel under the number CHE-105.763.241 and with headquarters at Jaquet-Droz 41, 2301 La Chaux-de-Fonds, Switzerland.

TSM represents in Switzerland, within the framework of this contract, the obligations and interests of INTER PARTNER ASSISTANCE, a limited company incorporated under Belgian law with a capital of €180,702,613, an insurance company certified by the Belgian National Bank (BNB) under number 0487, registered with the Brussels Register of Legal Entities under number 415 591 055, with head office situated at 166 Avenue Louise - 1050 Ixelles - Brussels - Belgium, acting under the commercial name «AXA Assistance». Inter Partner Assistance is subject to prudential oversight of the Belgian National Bank (Boulevard de Berlaimont 14 - 1000 Brussels - Belgium - VAT BE 0203.201.340 - Brussels Trade Register - www.bnb.be).

Club Med receive a commission that is included in the insurance premium.

Subscription to this insurance contract is optional, a trip can be purchased without taking out insurance.

As with all insurance and assistance policies, this policy includes both rights and obligations for you and for us. It is regulated by Swiss law. The contractual basis consists of the offer or the insurance policy, the contractual conditions, and the applicable laws, in particular the Swiss Federal Law on Insurance Contracts of 2 April 1908 (LCA), in the revised version of 01/01/2011. Once the offer is accepted, the insured person will be sent an insurance policy in line with the offer.

These rights and obligations are set out on the following pages.

The assistance services detailed in these General Provisions apply in addition to the assistance services detailed in the General Conditions of the

“Trident” policy from which you benefit when you purchase a trip from Club Med.

✓ 1. Definitions

ABROAD

Abroad means anywhere in the world with the exception of the Country of Origin and any excluded countries.

ACCIDENT

A sudden and unforeseen event affecting any natural person, unintentional on the part of the victim, resulting from the sudden action of an external cause and preventing them from moving by their own means.

ATTACK

An Attack is any act of violence, constituting a criminal or illegal attack, against persons and/or property, in the country in which you are staying, aimed at seriously disturbing public order through intimidation and terror, and which is covered by the media. This “Attack” must have been recorded by the Ministry of Foreign Affairs.

BODILY INJURIES

Any physical or mental damage suffered by a person, including any resultant non-material damage.

CLAIM EVENT

An event of a random nature, likely to require one or more of the covers provided by this policy.

CONSEQUENTIAL LOSS

Any financial loss resulting from the deprivation of the entitlement to a right, the interruption of a service provided by a person or property, or the loss of a benefit, following a bodily injury or material damage.

COUNTRY OF ORIGIN

The Country of Origin is considered to be your Country of Residence.

COUNTRY OF RESIDENCE

The Insured Persons' Country of Residence must be Switzerland or the Principality of Liechtenstein..

EPIDEMIC

The rapid spread of an infectious and contagious disease affecting a large number of people in a given place and time, declared as such by the World Health Organisation.

EXCESS

The part of the compensation that you have to pay.

FAMILY MEMBERS

Family member means a spouse, civil union partner or common-law partner living under the same roof, child(ren) (legitimate, natural or adopted), brother and/or sister, father, mother, parents-in-law, grandchildren or grandparents, legal guardian, brothers-in-law and sisters-in-law, sons-in-law and daughters-in-law, uncles and aunts, nephews and nieces.

FORCE MAJEURE

Event beyond the control of the debtor, which could not reasonably be expected at the time of entering into the contract and whose effects cannot be avoided by appropriate measures, which prevents the debtor from fulfilling his/her obligation.

ILLNESS

An deterioration in health certified by a medical authority, requiring medical treatment and the absolute cessation of all professional or other activities (including COVID-19).

IN-PATIENT HOSPITAL TREATMENT

A stay of more than 24 consecutive hours in a public or private hospital for an emergency procedure, i.e. one that is not scheduled and cannot be postponed.

INSURED PERSON

"Insured Persons" are considered to be anyone travelling through the Holder of this policy and adhering to its provisions, known hereinafter as "you" or "GM". These persons must have booked their trip with an approved sales outlet located in Switzerland.

MAJOR EVENT AT DESTINATION

Major event at the destination is defined as:

- Weather events of major intensity that meet the following cumulative conditions: weather events such as floods from overflowing of rivers, flooding from run-off, flooding and mechanical shock associated with wave action, floods due to marine submersion, mud flows and debris flows, tidal waves, earthquakes, volcanic eruptions, cyclonic winds, storms having been declared a natural disaster if it occurred in Switzerland or in the Principality of Liechtenstein, or having caused extensive material and/or human damage if it occurred outside Switzerland or the Principality of Liechtenstein.
- Political events of major intensity and duration, either resulting in serious internal disturbance within a State or armed conflict between several States or between armed groups within the same State. Reference is made to the areas or countries formally not recommended by the Swiss Foreign Ministry.

These events must occur within 30 km of the holiday location.

NATURAL DISASTER

A natural disaster is a phenomenon such as an earthquake, a volcanic eruption, a tidal wave, a flood, or a natural disaster having been caused by the abnormal intensity of a natural agent and recognised as such by the public authorities.

OBSOLESCENCE

Depreciation of the value of an asset caused by time on the day of the Claim Event.

PANDEMIC

A very large-scale epidemic that spreads over a large area, crossing state borders and declared as such by the World Health Organisation.

POLICYHOLDER

Club Méditerranée (Swiss office) SA, headquartered in Switzerland, hereinafter known as Club Med, which has taken out this policy on behalf of those of its clients that subscribe to this policy.

PROPERTY DAMAGE

Any damage, deterioration, alteration, loss or destruction of a thing or substance, any physical harm to animals.

SERIOUS ILLNESS

A pathological condition duly certified by a medical doctor which formally prohibits leaving the Country of Residence and requires medical care and absolute cessation of all professional or other activities.

TRIP CANCELLATION

The outright cancellation of the trip you have booked as a result of the reasons and circumstances detailed under our "TRIP CANCELLATION" cover.

VEHICLE

Vehicle means a motorised land vehicle, car or motorbike, less than 10 metres long and weighing less than 3.5 tonnes, belonging to the Insured and registered in their Country of Residence. Motorcycles and trailers of any kind are expressly excluded from the scope of cover.

WEAR AND TEAR

Depreciation of the value of a property caused by its use, or its maintenance conditions, on the day of the Claim Event.

✓ 2. Territorial scope of the cover

The insurance and assistance cover applies anywhere in the world, apart from:

- **Countries that are subject to restrictions issued by the government authorities in your Country of Residence (equivalent to the Ministry of Foreign Affairs) or by the World Health Organisation at the time of purchase or departure. Recommendations include contraindications to travel or where travel to a country, region or geographical area is**

strongly discouraged or prohibited.

- “Personal accident” and “personal liability” insurance cover which does not include accidents in Iran, Iraq, Somalia, Afghanistan, Cuba, Crimea, Belarus and Sevastopol, Donetsk and Luhansk regions, Kherson and Zaporizhzhia, Russia, Syria, Venezuela, Myanmar and North Korea.

✓ PLEASE NOTE

You will only be covered under this policy if you have complied with the official travel recommendations issued by the government authorities in your Country of Residence (equivalent to the Ministry of Foreign Affairs) at the time of purchase or departure. Recommendations include contraindications to travel or where travel to a country, region or geographical area is strongly discouraged or prohibited.

✓ Sanctions and embargoes

AXA Assistance is under no obligation to provide cover, settle a claim or provide any services under this policy if the provision of such cover, the settlement of such a claim or the provision of such a service would expose AXA Assistance to any sanctions or restrictions in connection with any United Nations resolution or in connection with any sanctions, laws, trade or economic embargoes within the European Union, the United Kingdom or the United States of America.

✓ 3. Effective date and duration of the policy

The period of validity of all cover corresponds to the dates of travel indicated on the invoice issued by the travel organiser with a maximum duration of 3 consecutive months, with the exception of the “TRIP CANCELLATION” cover which takes effect on the day you take out this policy (simultaneous with your booking of the trip), and expires on the day you depart on the trip.

The policy must be taken out on the day the trip is purchased or no later than the day before the first day of application of the penalties outlined in Club Med’s cancellation fee schedule.

✓ 4. Opting out

Remote subscription for a period longer than one month

In accordance with the LCA, in the case of a remote sale, You have a period of fourteen full calendar days to cancel your subscription, without having to give any reason or pay any penalties if your subscription is taken out for a period of more than one (1) month and for purposes that are not part of your commercial or professional activity.

In this case, the period for exercising your right to opt out runs from the date of receipt of your sales contract referring to the insurance subscription and of this information notice, which are presumed to have been received two (2) working days after your date of subscription to the policy. If You do not receive the documents within a period of two (2) working days after taking out the policy, You should contact your Club Med representative.

Other insurance

In line with LCA [Swiss Insurance Contract Law], You are requested to check that you are not already the beneficiary of another insurance policy which covers any of the risks also covered by this new policy. If this is the case, You have the right to opt out of this policy within a period of up to fourteen (14) calendar days after taking it out without incurring costs or penalties, if all of the following conditions have been met:

- You took out this policy for non-professional purposes;
- the policy was provided in conjunction with goods or services sold by a supplier;
- You can prove that you are already covered for one of the risks covered by this new policy;
- the policy that You wish to opt out of has not been fully implemented;
- You have not made a claim under this policy.

Under these circumstances, You can exercise your right to opt out of this policy by letter or other durable means addressed to the insurer, including documentation to prove that You are already the beneficiary of an insurance policy that covers one of the risks covered by this new policy.

The insurer is required to refund the premium You paid within a period of thirty (30) days following your request to opt out.

If You wish to opt out of your policy but do not meet all of the above conditions, You should refer to the cancellation conditions in your policy.

In the cases mentioned above you can exercise your right to the following address: CLUB MED – Customer service – CP 128 – 1211 Genève 13.

For this purpose, you can use the following template: *I, the undersigned, (Mr/Mrs, surname,*

first name, address) declare that I wish to opt out of my subscription. Signature.

✓ 5. What should you do with any transport tickets?

When transport is organised and paid for under the terms of the policy, you undertake either to allow us to use your ticket(s) or to repay us the amounts for which you will be reimbursed by the organisation that issued your ticket(s).

✓ 6. How to use our services

YOU WANT TO REPORT A CLAIM EVENT COVERED BY THIS INSURANCE POLICY

Once you become aware of the Claim Event, you or any person acting on your behalf, must call AXA Assistance, within 2 working days for luggage claims, and within 5 working days for anything else, to the following number :



AXA Assistance

Tel : +41 (0)4 35 88 13 85

Online claims:

<https://clubmed.ch.claims.axa.travel/>

If these deadlines are not observed, this policy may not cover you for the claim if we can establish that this delay has caused us prejudice.

✓ 7. Common exclusions to all coverages

We cannot provide cover if your claims are the result of:

- Voluntary participation by an insured person in riots, strikes, brawls, gambling or assault,
- The consequences of the transmutation of the nucleus of the atom, as well as radiation caused by the artificial acceleration of atomic particles or any irradiation from an energy source of a radioactive nature,
- Abuse of alcohol (blood alcohol content found higher than the rate fixed by applicable regulations), the use or absorption of medications, drugs, or narcotics not medically prescribed.
- Any intentional act on your part that may result in cover under the policy, or any fraudulent act, attempted suicide or suicide that may result in cover under the policy,

- Participation as a competitor in a competitive sport or a rally which is eligible for a national or international ranking which is organised by a sports federation for which a license and competitor training are provided.
- The professional practice of any sport.
- Participation in competitions, endurance or speed events and their preparatory tests on board any machine that travels across land, water or through the air.
- The practice of high alpine mountaineering, bob-sleigh, skeleton, hunting dangerous animals. Mountaineering, rock-climbing and climbing, unless contractually stipulated otherwise. This exclusion does not apply to the climbing activity (climbing walls) offered by Club Med.
- The practice of caving, or air sports including hang-gliding, paragliding, microlighting, parachuting, hot-air ballooning, air shipping, gliding, traction kiting, paramotoring.
- Diving to depths beyond those you are qualified for. You must hold the required qualification for your dive and be under the supervision of a professional, instructor or guide and respect the safety rules issued by these professionals.
- Consequences relating to the non-observance of recognised rules of safety related to the practice of any sports or leisure activity.
- Deliberate failure to comply with the regulations of the country visited or the practice of activities not permitted by local authorities.
- Official prohibitions, raids or constraints by a police force.
- Civil or foreign war, riots or popular movements, lock-outs, strikes, acts of terrorism or terrorist attacks, piracy, unless contractually stipulated otherwise under the "Travel Cancellation" cover.
- Pandemics declared by the World Health Organisation, unless contractually stipulated otherwise.
- The effects of pollution.
- Natural disasters and their consequences, unless contractually stipulated otherwise.

The following are neither covered nor reimbursed:

- Costs relating to excess luggage weight when travelling by air and the cost of conveying luggage if it cannot be transported with the Insured Person;
- Costs not justified by original

documentation;

- Costs incurred by the Insured Person for the provision of official documents;
- Any intervention initiated and/or organised at a state or inter-state level by any authority or government or non-governmental body.

✓ 8. Subrogation

Unless stated otherwise, AXA Assistance is subrogated to the rights and actions of any natural person or legal entity, beneficiary of all or part of the benefits contained in this Policy, against any third party responsible for the event having triggered its intervention up to the amount of the expenses it incurred to implement the Policy.

✓ 9. Limitation of actions

The limitation period is the period of time after which action can no longer be taken.

Claims arising from the insurance contract are subject to a limitation period of two years from the event giving rise to the obligation in accordance with Article 46 of the Federal Law on Insurance Contracts.

✓ 10. Complaints and arbitration

In the event of any complaint about the implementation of the cover under the Ecran Total Policy, the Beneficiary may contact :



info@tsm-assistance.ch

TSM Insurance company undertakes to forward the request to AXA Assistance within 72 hours and AXA Assistance undertakes to acknowledge receipt within ten (10) working days of receiving the claim unless a response is provided within this period. A reply must be provided within a maximum period of two (2) months unless the complexity requires additional time.

If a disagreement persists at the end of this period, the Beneficiary may contact the Ombudsman, an independent body, by writing to one of the following addresses:



**ADDRESS AND CONTACT DETAILS – SWISS
GERMAN (HEADQUARTERS):
POSTFACH 2646, CH-8022 ZÜRICH**

**TEL.: +41(0)442113090, FAX +41(0)442125220
E-MAIL: HELP@VERSICHERUNGSOMBUDSMAN.CH**

SWISS FRENCH BRANCH:

CHEMIN DES TROIS-ROIS 5BIS

CASE POSTALE 5843, CH-1002 LAUSANNE

TEL.: +41(0)213175271, FAX: +41(0)213175270

E-MAIL: OMBUDSMAN@AVOCATS-CH.CH

SWISS ITALIAN BRANCH:

VIA G. POCOBELLI 8, CASELLA POSTALE

CH-6903 LUGANO

TEL.: +41(0)919671783, FAX: +41(0)919667252

E-MAIL: AVVCAIMI@SWISSONLINE.CH

✓ 11. Supervisory authority

The supervisory authority for Club Med is Autorité de Contrôle Prudentiel et de Résolution – A.C.P.R. – 4, place de Budapest – CS 92459 – 75436 Paris cedex 09.

✓ 12. Personal data protection

Acting as data controller, the information concerning the Insured Person will be collected, used and stored by AXA Assistance to take out, conclude, manage and implement this Policy, in compliance with the provisions of the applicable regulations regarding the protection of personal data and in accordance with its policy of personal data protection, as published on its website.

Thus, within the framework of its activities, AXA Assistance will be able to:

- Use the Insured Person's information, or that of the people benefiting from the cover, in order to provide the services detailed in this policy. By using the services of AXA Assistance, the Insured Person agrees that AXA Assistance will use their data for this purpose;
- Transfer the personal data of the Insured Person and the information on their Policy to the entities of the AXA Group, providers of AXA Assistance services, AXA Assistance staff, and to all the persons who may be involved, within the limits of their respective powers, in order to manage the Insured Person's claim, provide them with the benefits that are payable under their Policy, make payments and transmit this information if the law requires or allows it;
- Listen and/or record telephone calls from the Insured Person to improve and monitor the quality of the services provided;
- Conduct statistical and actuarial studies, as well as customer satisfaction surveys, in order to better adapt our products to the needs of the market;
- Obtain and store any relevant and appropriate photographic document of the Insured Person's

property, in order to provide the services offered in the framework of their assistance contract and to validate their request; and

- Send quality surveys (in the form of requests to return or surveys) concerning AXA Assistance services and other communications related to the customer service.
- Use the personal data in fraud prevention procedures; these procedures may lead, where appropriate, to inclusion in a list of persons presenting a fraud risk.

AXA Assistance is subject to legal obligations, in particular, those set forth in the French Monetary and Financial Code concerning anti-money laundering and against the financing of terrorism, and therefore, AXA Assistance implements a procedure of surveillance of Contracts which could lead to the drafting of a declaration of suspicion pursuant to the Law on this issue.

Certain data recipients are located outside the European Union, namely the following recipients: AXA Business Services is located in India and AXA Assistance Maroc Services is located in Morocco.

For any use of the Insured Person's personal data for other purposes or if required by law, AXA Assistance will ask for their consent. The Insured Person is entitled to withdraw their consent at any time.

By taking out this Policy and by using its services, the Insured Person acknowledges that AXA Assistance may use their personal data and agrees that AXA Assistance may use the sensitive data

described above. If the Insured Person provides AXA Assistance with information regarding third parties, the Insured Person undertakes to inform them about the use of their data as defined above and in the privacy policy on AXA Assistance's website (see below).

The Insured Person can obtain a copy of the information concerning them upon request. They have the right to be informed about the use made of their data (as specified in the privacy policy of the AXA Assistance website – see below) and a right of rectification or deletion if they find an error.

If the Insured Person wants to know the information about them held by AXA Assistance or if there are other questions regarding the use of their data, they can write to the following address:



DATA PROTECTION OFFICER
AXA Travel Insurance Limited
106-108 Station Road
Redhill
RH1 1PR
United Kingdom
Email :

dataprotectionenquiries@axa-assistance.co.uk

The full text of our privacy policy is available on our website: www.axapartners.com/en/page/en.privacy-policy or a paper copy is available on request.

Travel insurance cover

✓ 1. Trip cancellation

WHAT WE COVER

We will reimburse you for any deposits or sums still payable by you, and in accordance with the terms of sale of the trip, if you are obliged to cancel your trip before departure.

Please note that airport taxes, which are included in the price of the ticket, are charges which are only payable once the passenger has actually boarded the aircraft and that the airport company is obliged to reimburse you for these amounts if you have not boarded. You should consult the general terms and conditions of sale or transport to find out how these taxes are refunded.

UNDER WHAT CIRCUMSTANCES WILL WE PROVIDE COVER?

We provide cover for the following reasons and

under the following circumstances:

Cancellation due to serious illness, Accident or death (including aggravation of previous illnesses and after-effects of a previous Accident) of

- you, your legal or de facto spouse or a person accompanying you, provided that they are listed on the same booking reservation,
- your parents or children and/or those of your spouse or those of the person accompanying you, provided that this person appears on the same invoice,
- your brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law,
- your professional replacement,
- the person in charge during your trip of:
 - the custody of your minor children,
 - the care of a disabled person, provided that they live in the same household as you and that you are their legal guardian.

Cancellation for any justifiable reason

The cover applies, **less the excess amount as detailed in the cover Schedule of Amounts:**

- in all cases of cancellation not listed above that were unforeseeable on the day the current policy was taken out, beyond your control and justified.
- in the event of travel restrictions issued by the Ministry of Foreign Affairs of Your country of residence or by the World Health Organisation or when the local authorities refuse entry into the country, provided that the stay was booked before the restrictions were announced by the World Health Organisation and/or the Ministry of Foreign Affairs.

Cancellation due to lack or excess of snow

The cover applies, **less the excess amount as detailed in the cover Schedule of Amounts**, in the event of a lack or excess of snow if it happens:

- in a ski area located at an altitude of over 1,000 meters,
- for any departure during the winter operating period for which the official dates have been set by the resort,
- when it leads to the closure of more than 50% of the ski area normally in use on the site of your stay, for at least 2 consecutive days, in the 5 days prior to your departure.

These conditions are cumulative.

The "CANCELLATION IN THE EVENT OF A LACK OR EXCESS OF SNOW" cover does not include the impossibility of leaving due to the material organisation of the trip by the organiser (tour operator, airline), including flights booked on their own and/or their failure (strike, cancellation, postponement, delay) or due to the accommodation or safety conditions at the destination.



WHAT WE DO NOT COVER

In addition to the exceptions listed in paragraph 7 "COMMON EXCEPTIONS TO ALL COVER" in the "GENERAL" section, we cannot provide cover in the following circumstances:

- Accidents or illnesses that have been subject to diagnosis, treatment, relapse or in-patient hospital treatment between the date of booking the Trip and the date this Policy was taken out;
- Diseases that have been the subject of an in-patient hospital treatment in your Country of Residence during the thirty (30) days before the Trip was booked;
- Illness requiring psychological or psychotherapeutic treatment, including

nervous breakdowns that did not require in-patient hospital treatment for at least 5 days at the time your trip was cancelled,

- Missed vaccinations,
- Accidents resulting from the practice of the following sports: bob-sleigh, climbing, skeleton, mountaineering, sledge competition, all air sports and those resulting from the participation in or training for matches or competitions,
- Voluntary interruptions of pregnancy, their consequences and complications;
- Cosmetic treatments, cures;
- Any claim for compensation relating to IVF treatment;
- Cancellations due to periodic medical check-ups and observations;
- Non-presentation, for any reason whatsoever, of documents essential to the trip, such as passport, visa, transport tickets, vaccination booklet, except in the case of theft of passport or identity card within 48 hours prior to departure,
- The application fee and insurance premium,
- Airport taxes,
- Any circumstances detracting only from the enjoyment of the Insured Person's Trip;
- Any act not declared as an act of terrorism or any act declared as an act of war, whether or not it has been declared as such by the French Ministry of Foreign Affairs
- Cancellation due to travel restrictions as a direct result of the declaration of a pandemic
- Cancellation related to an illness that has not been documented by a medical practitioner,
- The reimbursement of all or part of the journey which has been or may be the subject of a total or partial reimbursement by the travel organiser or the transport company, whatever the method of reimbursement (bank transfer, cash, voucher, etc.)
- The "TRIP CANCELLATION" cover does not include the impossibility of leaving due to the material organisation of the trip by the organiser (tour operator, airline), including flights booked on their own and/or their failure (strike, cancellation, postponement, delay) or due to the accommodation or safety conditions at the destination.

WHAT VALUE WILL WE COVER UP TO?

We will cover the amount of the cancellation costs incurred on the day of the event which gave rise to the cover, in accordance with the General Terms and Conditions of Sale of the travel organiser, **up to the maximum and with the Excess indicated in the cover Schedule of Amounts.**

HOW LONG DO YOU HAVE TO REPORT THE CLAIM TO US?

You must notify your travel agency or tour operator immediately or within 2 working days and notify us within 5 working days of the covered event. To do this, you must send us the claim form that you have been provided with.

In the event of late cancellation and/or late notification, we will only pay the cancellation fees due on the date of the Claim Event giving rise to the cancellation.

WHAT ARE YOUR OBLIGATIONS IN THE EVENT OF A CLAIM?

Your claim form should be accompanied by:

- In the event of Illness or Accident, a medical certificate specifying the origin, nature, seriousness and foreseeable consequences of the Illness or Accident, and advising against any kind of activity, and/or a copy of any sick leave paperwork and photocopies of the prescriptions indicating the medicines prescribed and, where applicable, the tests and examinations carried out,
- In the event of redundancy, a copy of the letter of dismissal and a copy of the employment contract,
- In the event of pregnancy complications, a copy of the prenatal examination report and the medical certificate contraindicating the practice of any activity or a copy of any sick leave paperwork,
- In the event of a death, a death certificate and proof of relationship,
- in all other cases, any supporting documentation.

Any medical certificates should be enclosed in a sealed envelope marked for the attention of our medical advisor.

To this end, you must release your doctor from medical confidentiality vis-à-vis the Company's doctor. The Insured Person making a claim under the cover must hand over all the documents contractually required without being able to invoke, except for force majeure, any reason preventing their production, on penalty of forfeiture.

By express agreement, the Insured Person recognises the right of the Company to make the application of the cover conditional on compliance with this condition.

You must also provide us with any information or documents that we may request in order

to justify the reason for your cancellation, including:

- statements from Social Security or any other similar body concerning the reimbursement of treatment costs and the payment of daily allowances,
- the cancellation invoice issued by the tour operator,
- your Écran Total® insurance policy number,
- in the event of an Accident, you must specify the causes and circumstances and provide us with the names and addresses of those responsible and, where possible, of witnesses.

✓ 2. Missed plane

If you miss your plane at the start of your outward journey, for whatever reason, except in the case of a change of schedule caused by the carrier, we will reimburse you for the purchase of a new ticket to the same destination, provided that you depart within 24 hours or on the first available flight, up to a maximum of **50% of the total amount of your initial transport and accommodation package.**

✓ 3. Delayed flight

WHAT WE COVER

This cover applies to:

- scheduled flights of airlines with published schedules for the outward and/or return journey,
- Outward and/or return charter flights, the times of which are indicated on the outward ticket.

If the arrival of the Insured Person's aircraft is delayed by more than 6 hours from the originally scheduled time, we will pay **up to the amount shown in the cover Schedule of Amounts.**

For the calculation of the compensation, the hours of delay of the outbound flight are not added to the hours of delay of the return flight, they only concern a single journey. However, the guarantee may apply to the outward and return flights, if the delay for each journey is more than 6 hours. The cover comes into effect on the date and at the time detailed on the plane ticket and expires upon arrival at the destination airport.

This cover does not apply if you are transferred to another airline within the originally scheduled time.

WHAT ARE YOUR OBLIGATIONS IN THE EVENT OF A CLAIM?

You should:

- get a delay declaration completed and/or stamped by an authorised person at the airline you are travelling with or by an authorised person at the airport,
- send us the duly completed delay declaration,

a photocopy of your plane ticket, the purchase invoice and the stub of the boarding card, as soon as you return and at the latest within 15 days.

✓ WHAT WE DO NOT COVER

In addition to the exceptions listed in paragraph 7 "COMMON EXCEPTIONS TO ALL COVER" in the "GENERAL" section, we cannot provide cover in the following circumstances:

- civil or foreign war, riots, popular movements, strikes, acts of terrorism, hostage taking or sabotage, any manifestation of radioactivity, any effect of nuclear origin or caused by any source of ionising radiation in the departure, transfer or destination country,
- any event that jeopardises the safety of your trip if your destination is advised against by the Ministry of Europe and Foreign Affairs,
- a decision by the airport authorities, civil aviation authorities or any other authority that is announced 24 hours before the departure date of your journey,
- denied boarding for not respecting the baggage check-in and / or boarding deadline.

✓ 4. Luggage, personal possessions and sports equipment

LUGGAGE AND PERSONAL POSSESSIONS

We cover, **up to the amount of the material damage suffered and within the limit of the amounts indicated in the cover Schedule of Amounts**, your luggage, personal effects and possessions, outside your main or secondary residence against:

- theft,
- full or partial destruction,
- loss during transport by a transport company.

REIMBURSEMENT LIMIT FOR SOME ITEMS

For valuables, pearls, jewellery and watches being worn, furs, the reimbursement value shall in no case exceed 50% of the insured amount indicated in the cover Schedule of Amounts. In addition, the items listed above are only covered against theft. If you use a private car, the risks of theft are covered under the condition that luggage and personal possessions are placed in the locked boot of the Vehicle and away from prying eyes, only theft as a result of a break-

in is covered. If the Vehicle is parked on public roads, the benefit is covered only between 7 am and 10 pm.

✓ WHAT IS NOT INCLUDED IN LUGGAGE AND PERSONAL POSSESSIONS COVER

In addition to the exceptions listed in paragraph 7 "COMMON EXCEPTIONS TO ALL COVER" in the "GENERAL" section, we cannot provide cover in the following circumstances:

- theft of luggage, personal effects and possessions left unattended in a public place or stored in an unlocked room shared by multiple persons,
- forgetfulness, loss (except by a transport company), exchange,
- accidental damage caused by leakage of liquid, fat, colouring or corrosive contents in the luggage of the Insured,
- confiscation of goods by the authorities (customs, police),
- damage caused by moths and/or rodents as well as by cigarette burns or by a non-incandescent heat source,
- theft from a convertible and/or estate car or other Vehicle without a boot,
- collections, samples from sales representatives,
- The theft, loss, misplacement or damage of cash, documents, books, passports, identity papers, residence permits, vehicle registration documents, driving licences, travel documents and credit cards,
- The theft of jewellery and watches when they have not been placed in a locked safe or are not being worn, which means that jewellery is not covered when it is entrusted to any transport company (air, sea, rail, road, etc.),
- The breakage of fragile items such as objects made of porcelain, glass, ivory, pottery or marble,
- any of the following items: any prosthesis, equipment of any kind, bicycles, trailers, valuable securities, paintings, glasses, contact lenses, keys of any kind (except those of the main residence), documents recorded on tapes or films as well as professional equipment, mobile phones, pocket PCs, walkmans, CDs, musical instruments, foodstuffs, lighters, pens, cigarettes, alcohol, works of art, fishing rods, beauty products and photographic film,
- the theft of any sound and/or image

reproduction equipment and accessories if they have not been placed in a locked safety deposit box when not being worn, which means that such equipment is not covered when it is entrusted to any transport company (air, sea, rail, road, etc.);

- theft without breaking and entering duly recorded and reported by an authority (police, transport company, purser, etc.).

LATE DELIVERY OF LUGGAGE

In the event your personal luggage is not returned to you at the destination airport of your outward journey or if it is returned to you more than 24 hours late, you will receive a lump-sum compensation as detailed in the cover Schedule of Amounts, to allow you to purchase essential effects and items.

This cover cannot be combined with the main "LUGGAGE AND PERSONAL EFFECTS" cover detailed in the cover Schedule of Amounts.

ACCIDENTAL DAMAGE TO OR THEFT OF SPORTS EQUIPMENT

We cover, up to the amount indicated in the cover Schedule of Amounts, the goods (materials, equipment and specific clothing) exclusively intended for the practice of a sport which belong to you and which are outside your main or secondary residence against:

- theft,
- full or partial destruction.

REIMBURSEMENT LIMIT FOR SOME ITEMS

If you use a private car, the risks of theft are covered under the condition that luggage and personal effects are placed in the locked boot of the Vehicle and away from prying eyes. Only theft following a break-in is covered. If the Vehicle is parked on public roads, the benefit is covered only between 7 am and 10 pm.



WHAT IS NOT INCLUDED IN "SPORTS EQUIPMENT" COVER

In addition to the exceptions listed in section 7 "GENERAL": and under the "LUGGAGE AND PERSONAL POSSESSIONS" cover, we cannot provide cover in the following circumstances:

- damage caused to the insured equipment whilst it is being repaired, maintained or refurbished,
- damage resulting from an inherent defect in the insured material or its normal wear

and tear,

- deterioration resulting from scratches, scrapes, tears or stains.

WHAT VALUE WILL WE COVER UP TO UNDER "LUGGAGE, PERSONAL POSSESSIONS AND SPORTS EQUIPMENT" COVER?

The amount detailed in the cover Schedule of Amounts is the maximum reimbursement amount for all Claims occurring during the period of cover. An Excess is payable per Claim, as detailed in the cover Schedule of Amounts.

HOW IS YOUR COMPENSATION CALCULATED UNDER THE "LUGGAGE, PERSONAL POSSESSIONS AND SPORTS EQUIPMENT" COVER?

You will be compensated on the basis of the replacement value of equivalent objects of the same type, after deduction of wear and tear.

WHAT DOCUMENTATION NEEDS TO BE PROVIDED IN THE EVENT OF A LUGGAGE CLAIM?

Your claim form must be accompanied by the following information:

- in the event of theft or loss, a complaint or theft report filed with an authority (police, transport company, purser, etc.),
- reserve forms from the carrier (sea, air, rail, road) if your luggage or possessions were lost during the period when they were in the legal custody of the carrier.

If these documents are not submitted, we shall be entitled to claim compensation equal to the loss incurred by us as a result.

The sums insured cannot be considered as proof of the value of the goods for which you are claiming compensation, nor as proof of the existence of these goods.

You must prove, by any means in your power and by any document in your possession, the existence and value of these goods at the time of the Claim Event, as well as the extent of the damage.

If you knowingly use inaccurate documents as evidence or use fraudulent means or make inaccurate or concealed declarations, you will lose all rights to compensation.

WHAT HAPPENS IF ALL OR PART OF THE STOLEN ITEMS INCLUDED IN THE LUGGAGE COVER ARE RECOVERED?

You must notify us immediately by registered letter as soon as you are informed:

- if we have not yet paid you the compensation, you will have to retake possession of the items, in which case we will only be liable to pay for any damage or shortages,

- if we have already compensated you, can opt within 15 days to either:
 - reject the items,
 - Or take back the recovered items and in return, repay the compensation less any amounts required to cover any damage or missing items.

If you have not made a decision within a period of 15 days, we will consider you to have rejected the items.

✓ 5. Compensatory trip

If you require medical repatriation organised by an assistance provider, or if your return has been granted in writing by the latter, you will benefit from a new trip for an amount equal to the initial package in the form of vouchers to be used at Club Med, one year from the date of your return, **subject to the limits detailed in the cover Schedule of Amounts.**

This amount will be paid only to the repatriated person, their spouse or the person accompanying them, to the exclusion of all others.

In the case of a family and in this case only, any minor children repatriated with the spouse or the person accompanying the Insured may benefit from this cover.

This cover cannot be combined with compensation for the «TRIP CURTAILMENT» cover detailed hereafter.

✓ 6. Trip curtailment

Similarly, if a close relative (your spouse, your parent or child or that of your spouse) is hospitalised or dies, or if one of your brothers or sisters dies, and if, as a result, you have to interrupt your trip and are repatriated by an assistance provider, or if your return has been granted in writing by the latter, we will reimburse you on a pro rata basis for any accommodation costs already paid and not used (not including transport) from the day of your repatriation.

This cover is extended to cases of serious damage to the Insured Person's business premises as a result of fire, explosion, flood or burglary requiring the on-site presence of the Insured Person.

This cover cannot be combined with the «COMPENSATORY TRIP» cover detailed above.

✓ 7. Search and rescue costs at sea and in mountains

WHAT WE COVER

If you have an accident while skiing, snow shoeing, hiking, trail riding or mountain biking, **or if you are in a situation where failure to intervene would**

directly jeopardise your physical integrity, we will pay for the cost of rescue from the scene of the accident to the nearest and most appropriate medical centre and back to the Club Med village on the day of the accident.

Under no circumstances will we be held responsible for organising the rescue.

We will also cover the costs of mountain search and rescue, including off-piste skiing **up to the maximum amount detailed in the cover Schedule of Amounts.** Only fees charged by a company duly authorised to carry out these activities can be reimbursed.

In all cases the costs of search and rescue is limited to sixty (60) hours per event.

✓ SPECIFIC EXCEPTIONS

In addition to the exceptions listed in paragraph 7 "COMMON EXCEPTIONS TO ALL COVER" in the "GENERAL" section, the following costs are not covered:

- search and rescue costs that are the result of the Insured Person's failure to observe the rules of caution dictated by the site operators and/or regulatory provisions governing the activity being practised;
- costs related to search and rescue and first aid incurred due to participation in a professional sport, an expedition or a competition.

✓ 8. Personal accident Insurance

WHAT WE COVER

The purpose of this cover is to pay a lump sum to the Insured Person or to one of their beneficiaries in the event of an Accident occurring during the Trip and resulting in a permanent total or partial Disability recorded within six (6) months of the Accident or their death within 24 months of the Accident.

SPECIFIC DEFINITIONS RELATING TO PERSONAL ACCIDENT INSURANCE

ACCIDENT

Injury resulting from a Bodily Injury, resulting from the sudden and violent action of an external cause and independent of the will of the Insured Person. **The following are not considered accidents: herniated discs or other herniations, lumbago, sciatica and kidney problems, heart attacks, coronary diseases, ruptured aneurysms, cerebral embolisms, meningeal haemorrhages, neuritis affecting a nerve in the traumatised area.**

BENEFICIARY

If a specific Beneficiary is not named, the lump sum is paid to the Spouse of the Insured Person, failing this, the children born or to be born, living or represented, of the Insured Person or of any other designated person, failing this, the heirs or successors of the Insured Person or of a predeceased Beneficiary.

STABILISATION

The point at which the injuries have stabilised and taken on a permanent nature such that treatment is no longer necessary, except to avoid aggravation, and it becomes possible to assess the degree of permanent functional incapacity resulting in a definitive loss.

PERMANENT DISABILITY

Permanent total or partial loss of a person's functional capacity expressed as a percentage by reference to Article 28 of the Disability Insurance Act (DIA) and which is established by medical expertise.

WHAT VALUE WILL WE COVER UP TO AND HOW IS THE COMPENSATION CALCULATED?

In the event of death following an Accident

The value of the lump sum per Insured Person is detailed in the cover **Schedule of Amounts**.

In the event of permanent disability

AXA Assistance will appoint a medical expert who will arrange for an expert appraisal in order to determine, after Stabilisation of the Insured Person's condition and at the latest within three (3) years of the date of the Accident, the rate of disability of the Insured Person, with reference to Article 28 of the Disability Insurance Act (DIA). The amount of lump sum awarded is dependent on the rate of permanent Disability recorded during the six (6) months following the Accident.

The minimum level of disability taken into consideration to qualify for this cover is set at 10%.

The amount of compensation is equal to the product of the following terms:

- The permanent disability rate is based on the schedule above, this rate being estimated according to the existing capacity at the date of taking out the insurance policy;
- The amount of lump sum awarded is dependent on the age of the Insured Person and is detailed in the Table of Benefits.

For multiple disabilities arising either from the same Accident, or from subsequent Accidents, each partial disability will be assessed separately, but the sum of the rates of partial disability of the same limb or organ shall not exceed the rate resulting from its total loss. In any event, the overall sum of partial disabilities is limited to 100%, the overall benefit being calculated accordingly.

COVER LIMIT

Non-cumulative

The death benefit and the permanent disability benefit are one and the same cover: the Personal Accident cover. Consequently, in the event of death following the Accident after recognition of a permanent Disability following the same Accident, the compensation paid or due by AXA Assistance for the permanent Disability are deducted from those due in the event of death.

Maximum commitment: cover limit per event

If cover is granted to several Insured Persons, victims of the same accident, then AXA Assistance's maximum commitment may not exceed CHF 2 763 813 for all compensation payable for death and permanent disability benefits. Any compensation due will then be reduced and settled proportionally.

HOW LONG DO YOU HAVE TO REPORT THE CLAIM TO US?

The Insured Person, or one of their representatives, must make the claim within 30 days following the date of the Accident or the date on which they became aware of it:



AXA Assistance

+41 (0)4 35 88 13 85

Online claims:

<https://clubmed.ch.claims.axa.travel/>

WHAT ARE YOUR OBLIGATIONS IN THE EVENT OF A CLAIM?

The claim form must include the following information:

- Surnames, first names and addresses of the perpetrators and any witnesses;
- The policy number;
- Any information or document necessary for conveying the facts, nature, circumstances, date and place of the Accident;
- A copy of an identity document proving that you are an Insured Person;
- In the event of death, any document proving your status as a Beneficiary of the accidental death benefit (copy of identity card, Civil Solidarity Pact, family record book, etc.);
- In the event of disability: the final notification of the award of an invalidity pension or an invalidity annuity, issued by Social Security at the time of entitlement;
- If applicable: the death certificate.

Addressed confidentially to AXA Assistance's Medical Advisor:

The in-patient hospital treatment report and the medical certificate including the date of the first medical act, a detailed description of the nature of the injuries and the treatment, as well as any consequences which may result from them.

In the event of disability: a stabilisation certificate.

In general, the Insured Person must forward any correspondence or procedural documents relevant to the claim.

In addition to these, AXA Assistance reserves the right to request any other document it may deem necessary.

Any declaration that does not comply with the provisions laid down in this policy will result in the forfeit of this cover.

ACCIDENTAL DEATH BENEFIT

The death benefit will be paid within sixty (60) days of receipt of all the necessary documents. The payment will be made in CHF.

PERMANENT DISABILITY BENEFIT

At any time, AXA Assistance reserves the right to appoint a medical expert of its choice who will have the task of verifying that the Insured Person's state of health complies with the benefits of this cover. If the Insured Person refuses, this cover will no longer apply.

AXA Assistance's Medical Practitioner can request that the Insured Person provide any document that they deem necessary for analysis of the Insured Person's state of health.

The Permanent Disability benefit will be paid to the Insured Person within sixty (60) days of receipt of all the necessary documents. The payment will be made in euros.

At the request of the Insured Person, if the AXA Assistance and the Insured Person have not reached an agreement on the final disability rate or if stabilisation has not occurred after one (1) year from the date of the claim, instalments may be paid to the Insured Person.

SUBROGATION

After the payment of the benefits in the event of accidental death no appeal against the person responsible for the loss will be possible, in accordance with the LCA.

After the payment of the benefits in the event of permanent disability, AXA Assistance has a subrogation right against the person responsible for the loss if the sums awarded are in the nature of compensation.



WHAT IS NOT INCLUDED IN THE PERSONAL ACCIDENT COVER?

In addition to the exceptions listed in paragraph 7 "COMMON EXCEPTIONS TO ALL COVER" in the "GENERAL" section, the following are not covered:

- Any of the Insured Person's previous conditions;
- Accidents that happen whilst carrying out professional activities for:
- Aircraft pilots or aircrew,
- Oil or gas platform workers,
- Humanitarian aid workers.

In addition, the consequences of the following are also excluded:

- Suicide or attempted suicide;
- An accident sustained during a Trip or Stay in one of the regions or countries considered unsafe by the Ministry of Foreign Affairs;
- A cosmetic treatment and/or operation of aesthetic surgery, not as a result of a covered accident and its consequences;

The practice of the following activities:

- Driving of two-wheeled land motor vehicles with a cylinder capacity of more than 125 cm³;
- Aerobatics, parachuting, microlighting, hang-gliding, paragliding, hot-air balloons or similar devices;
- Tests, training or participation in events or competitions involving the use of motor vehicles or boats;
- Competitive sports;
- Professional sports;
- Any type of record attempt or betting;
- Cures of any kind;
- Negligence, lack of care or the use of empirical care without medical supervision (except in cases of force majeure);
- Neurological, psychiatric or psychological conditions.

Finally, accidents that happen in Iran, Iraq, Somalia, Afghanistan, Cuba, Crimea, Belarus and Sevastopol, Donetsk and Luhansk regions, Kherson and Zaporizhzhia, Russia, Syria, Venezuela, Myanmar and North Korea are excluded.

✓ 9. Additional reimbursement for medical expenses incurred abroad

WHAT WE COVER

We will reimburse you for the amount of medical expenses incurred abroad and remaining at your expense after any reimbursement by social security, mutual insurance companies and/or any other provident organisations **up to the amounts indicated in the cover Schedule of Amounts.**

Nature of medical expenses eligible for supplementary reimbursement:

- medical fees,
- costs of medicines prescribed by a doctor,
- cost of an ambulance ordered by a doctor for a local journey,
- cost of in-patient hospital treatment as long as the Insured Person is deemed untransportable, by decision of the doctors of the assistance agent taken after gathering information from the local doctor. The supplementary reimbursement of the cost of in-patient hospital treatment ceases from the day on which the assistance provider is able to carry out the transport, even if the Insured Person decides to stay on site,
- emergency dental treatment.

AMOUNTS AND LIMITS TO COVER

We will reimburse you for the amount of medical expenses incurred abroad and remaining at your expense after any reimbursement by social security, mutual insurance companies and/or any other provident organisations **up to the amounts indicated in the cover Schedule of Amounts.**

An Excess, as detailed in the cover Schedule of Amounts, is payable by the Insured Person in all cases.

To this end, You (or your beneficiaries) undertake to carry out, on your return to your Country of Residence or at the location, all the necessary steps to recover these costs from the organisations concerned, as well as to send us the following documents:

- statements from social and/or welfare organisations detailing the reimbursements obtained,
- photocopies of treatment notes detailing the expenses incurred.

Without these we will be unable to provide compensation.

✓ SPECIFIC EXCEPTIONS

In addition to the exceptions listed in paragraph 7 "COMMON EXCEPTIONS TO ALL COVER" in the "GENERAL" section, and the exceptions specified under the medical assistance cover, the following costs are not covered:

- expenses incurred in the Insured Person's Country of Residence;
- vaccination expenses;
- expenses related to prostheses, artificial aids, glasses and contact lenses;
- cosmetic treatments and surgery not resulting from an accident;
- courses of treatment, stays in nursing homes or rehabilitation centres;
- if the Insured Person has undertaken their trip despite restrictions put in place by the Foreign Ministry in their country of residence.

✓ 10. Breakage or theft of personal ski equipment

In the event of accidental breakage of your personal skis or in the event of theft when they were in locked private or secure Club Med premises, to the exclusion of all other cases, we will reimburse you for the cost of hiring a replacement pair of equivalent skis from Club Med, until the end of your Club Med holiday (maximum 15 consecutive days).

Cover will be granted provided that the Insured Person proves the materiality of the loss by presenting Club Med with the damaged equipment or the declaration of theft made to the relevant authorities.

✓ 11. Breakage and theft of ski equipment hired from Club Med

In the event of accidental breakage of skis rented from Club Med or in the event of theft when they were in locked private premises or secured Club Med communal premises to the exclusion of all other cases:

- We will pay the cost of hiring an equivalent replacement pair of skis from Club Med until the end of your stay (maximum 15 consecutive days).
- We will pay the deposit applicable for the equipment hired, less the **Excess shown in the cover Schedule of Amounts.**

Cover will be granted provided that the Insured Person proves the materiality of the loss by presenting Club Med with the damaged equipment or the declaration of theft made to the relevant authorities.

✓ 12. Reimbursement of lift pass in the event of theft or loss

In the event of theft or loss of your lift pass, we will reimburse you on a pro rata basis for the unused lift pass, provided that you buy a new lift pass, subject to provision of the following proofs:

- loss or theft paperwork from a relevant authority,
- proof of purchase of a new lift pass.

The compensation paid will be equal to the purchase price of a new lift pass less **an Excess of one day**. Any day started is considered as not eligible for compensation.

✓ 13. Cost of first aid on and off the slopes

See Article 7, page 17, «Search and rescue costs at sea and in the mountains».

✓ 14. Compensation or relocation costs in the event of a lack or excess of snow

The cover applies in the event of a lack or excess of snow when it occurs during your stay under the following cumulative conditions:

- in a ski area more than 1,000 metres above sea level, and
- for any departure during the winter operating period, the official dates of which have been determined by the resort, when it results in the closure of more than 50% of the ski area, normally in service at the site of your stay, for at least 2 consecutive days.

You will then benefit from:

- either a Club Med Switzerland voucher of CHF 550 per Insured valid for one year from your return date,
- or the reimbursement, up to CHF 550 per Insured, of the transport costs incurred for your transfer, organised by the Policyholder, to another Club Med village in the same mountain range.

This cover is limited to one intervention per Trip.

List of documents to include with the claim form

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IN THE EVENT OF A CANCELLED TRIP

- **In the event of illness or Accident** : a medical certificate specifying the nature, origin, seriousness and foreseeable consequences of the illness or Accident, and advising against any kind of activity + a copy of any sick leave paperwork and photocopies of the prescriptions and, where applicable, the tests and examinations carried out.
- **In the event of redundancy** : a copy of the letter of dismissal and a copy of the employment contract.
- **In the event of pregnancy complications** : a copy of the prenatal examination report and a copy of any sick leave paperwork.
- **In the event of a death** : a death certificate and proof of relationship.
- **In all other cases** : any supporting documentation.



IN THE EVENT OF A DELAYED FLIGHT

- **A delay declaration completed and/or signed** by an authorised person at the airline you are travelling with or by an authorised person at the airport.
- **The duly completed delay declaration**, the invoice for the purchase of the covered ticket and the stub of the boarding card to be sent to us, as soon as you return and at the latest within 15 days.



IN THE EVENT OF THE THEFT, TOTAL OR PARTIAL DESTRUCTION OR LOSS OF LUGGAGE AND SPORTS EQUIPMENT

- **In the event of theft or loss, a complaint or theft report filed with an authority** (police, transport company, purser, etc.).
- **Resume forms from the carrier**, (sea, air, rail, road) if your luggage or possessions were lost during the period when they were in the legal custody of the carrier.



PERSONAL ACCIDENT WHILST ON TRIP

- **A medical certificate.**
- **Any witness statements** establishing the materiality or importance of the Accident.



MEDICAL EXPENSES ABROAD

- **Original statements** from social and/or welfare organisations detailing the reimbursements obtained.
- **Photocopies of treatment notes** detailing the expenses incurred.



IN THE EVENT OF A REQUEST FOR REIMBURSEMENT OF SEARCH AND RESCUE COSTS

- **The original invoice:** paid by the authorised organisation or local authority.



IN THE EVENT OF BREAKAGE OR THEFT OF SKI EQUIPMENT, EITHER PERSONAL OR HIRED FROM CLUB MED

- **For personal skis or skis hired to Club Med:** a certificate from Club Med proving the loss or the receipt of the theft report from an authority (police, gendarmerie).



IN THE EVENT OF THEFT OR LOSS OF SKI LIFT PASSES

- **Receipt of loss or theft from the authorities** (police, gendarmerie).
 - **The invoice for the purchase** of a new nominative package.
-



COMPENSATION

- **The registration form** issued by the travel agency or organiser.
 - **The village weather report.**
 - **The certificate proving the closure of more than 50% of the ski area** for at least 2 consecutive days.
-



RELOCATION

- **Invoices for transport costs** incurred for your transfer.
- **Any evidence justifying relocation.**

TSM insurance company, cooperative company under Swiss law, non-life insurance company authorised by the Swiss Financial Market Supervisory Authority FINMA, registered with the commercial register in the canton of Neuchâtel under the number CHE-105.763.241 and with headquarters at Jaquet-Droz 41, 2301 La Chaux-de-Fonds, Switzerland.

INTER PARTNER ASSISTANCE, a limited liability company incorporated under Belgian law with a capital of D180,702,613, an insurance company certified by the Belgian National Bank (BNB) under number 0487, registered with the Brussels Register of Legal Entities under number 415 591 055, with head office situated at 166 Avenue Louise – 1050 Ixelles – Brussels – Belgium. In its capacity as an insurance company, Inter Partner Assistance is subject to Belgian law via the prudential oversight of the Belgian National Bank (Boulevard de Berlaimont 14, 1000 Brussels, Belgium– VAT no. BE 0203.201.340 – Brussels Trade Register – www.bnb.be).

