This information sheet provides you with a brief overview of the essential contents of our insurance product. The insurance cover is exhaustively described in the General Policy Conditions. To be fully informed, please read all documents.

What is this type of insurance?
MAWISTA Visum Comfort is a comprehensive Travel Insurance and includes the following benefits: Foreign Travel Health Insurance, Patient Repatriation Transportation, Travel Assistance and Travel Liability Insurance.

What is insured?
Foreign Travel Health Insurance and Travel Assistance
Which events are insured?
✓ Illness or accident during the temporary travel in the agreed area of validity

What will be reimbursed?
✓ Costs for outpatient treatment by a physician
✓ Costs for medical treatment and medication prescribed by a physician
✓ Costs for inpatient treatment in a hospital
✓ Up to € 5,000 for the costs of search, rescue and recovery measures after an accident

Deductible for all insured events:
For persons up to 64 years of age: No deductible
For persons from 65 up to 80 years of age:
- € 100 per person in case of outpatient treatment
- € 500 per person in case of inpatient treatment

As part of Travel Assistance: Assistance for personal emergencies (illness, accident, death) and organisation of repatriation with medically adequate means, as soon as this is medically advisable and reasonable.

Patient Repatriation Transportation
✓ Reimburses the costs of the medically advisable and appropriate return transportation to the nearest suitable hospital to the place of residence and, in the event of death, the repatriation of mortal remains.

Travel Liability Insurance
✓ Provides insurance cover if third parties assert claims for damages based on a damaging event that occurred during your travel.

Sums insured:
€ 1,000,000 per person in case of personal injury and damage to property,
€ 250,000 for damage to rented property

What are my obligations?

Where am I covered?
✓ Germany, Switzerland and Schengen states; no insurance cover is provided in those countries, in which the insured person maintains a permanent residence.

What are the obligations?
- You are obliged to report the damage or loss to us promptly.

Foreign Travel Health Insurance and Patient Repatriation Transportation
- In case of severe injuries or serious illnesses, particularly prior to hospitalisation, you have to contact the Assistance immediately.

Travel Liability Insurance
- If a claim has been asserted against you, you must notify us thereof within one week. If the liability claim is taken to a court of law, you shall allow us to conduct the proceedings and grant the legal counsel full power of attorney.

When and how do I pay?
The premium is due as soon as the insurance contract is concluded and must be paid by the chosen means of payment upon delivery of the insurance policy.

When does the cover start and end?
Insurance cover commences:
- for the insured person from a visa requiring country within the before entry agreed term upon crossing the border into a country included in the agreed area of validity and ends with the departure from the agreed area of validity, however at the latest at the time agreed.
- for the insured person from a non visa requiring country within the agreed term and ends with the departure from the agreed area of validity, however at the latest at the time agreed.
- when agreed to insurance contracts after the entry to a country included in the agreed area, after a waiting period of 7 days – 0:00 a.m. on day 8 – from the attachment date. In case of an accident, insurance cover shall apply from the inception of insurance cover.

The maximum per year for a term of insurance is 183 days.
Insurance cover shall be provided insofar as the insurance policy is purchased within one month after the insured person's arrival to the area of validity or within one week after the expiration of an insurance contract with validity from the date of entry.

How do I cancel the contract?
The insurance contract ends at the agreed point in time. You do not have to cancel.
Documents to Insurance Policy
The insurance purchased is documented in the insurance policy!

Overview of Benefits

MAWISTA VISUM Comfort
• Foreign Travel Health Insurance
  Deductible for all insured events:
  For persons up to 64 years of age: No deductible
  For persons from 65 up to 80 years of age:
  • € 100 per person in case of outpatient treatment
  • € 500 per person in case of outpatient treatment
• Patient Repatriation Transportation
• Travel Assistance
• Travel Liability Insurance
Sum insured: € 1,000,000 per person in case of personal injury and damage to property, € 250,000 for damage to rented property.

We are there for you

Assistance in an emergency
If you require help in an emergency the Assistance is there for you. Our 24-hour emergency service guarantees rapid and expert assistance all over the world!

Phone: +49.89.6 24 24-496

Important for help in an emergency:
• Please hold the exact address and phone number of your current whereabouts ready to hand.
• Note down the name of your contacts, e.g. physician, hospital or police.
• Describe as exactly as possible the facts of the case and have the necessary information at hand.

Notification of claim
The simplest and quickest way of notifying us of your claim is via www.mawista.com/schaden-melden
(or alternatively by post to our Claims Department).

Terms and Conditions

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Please note the following important information

Scope of validity: Germany, Switzerland and Schengen states; no insurance cover is provided in those countries, in which the insured person maintains a permanent residence.

Maximum insured travel duration: The insurances are valid for the agreed term, maximum 183 days.

Insurable persons: Insurable are persons up to an age of 80 who do not maintain a permanent residence in the country to visit.

Guidelines on taking out insurance: Insurance can be taken out within one month after entering the area of validity or within one week after the expiration of an insurance contract with validity from the date of entry. There is a waiting period of 7 days, if insurance is taken out after entering the area of validity. The waiting period does not apply in case of accident. If insurance is taken out before departure, the waiting period is not applicable.

Insurance cover is provided only for the person named on the insurance policy. The premium is due as soon as the insurance contract is concluded and must be paid upon delivery of the insurance policy. The payment of the premium can be made by using one of the available payment methods (e.g. SEPA direct debit or credit card). If the insurer has been authorized to debit the premium from the selected payment method, the payment shall be deemed to have been made, if there is sufficient cover on the stated payment method at the time of debiting. The amount of the premiums is usually based on the selected insurance cover and the term of the contract.

There is no insurance cover if the non-recurring or initial premium has not been paid, unless the insured party is not responsible for non-payment.

The contractually agreed insurance payments are offered by AWP P&C S.A. (Allianz Partners) in compliance with the Terms and Conditions of Insurance named below. This translation is for information purposes only. In the event of any conflict or inconsistency between the German and the English versions, the German original shall prevail. Verbal agreements are invalid. Insurance tax is included in the premiums. No fees are charged. The premiums and service specifications documented in the insurance policy are relevant for the scope of insurance.

General information in the event of claim

What do you do in any case of damage?
The insured person must minimise and document the damage as far as possible. For this reason, please ensure that you have suitable proof of the occurrence of the damage (e.g. confirmation of damage, medical certificate) and of the extent of damage (e.g. bills, receipts).

What should you do if you fall ill, injure yourself or any other emergency occurs during travel? (Travel Health Insurance / Patient Repatriation Insurance / Travel Assistance) Please immediately contact the Assistance in case of severe injuries or serious illnesses, particularly prior to hospitalisation, so that adequate treatment or repatriation transport can be ensured. For the reimbursement of the costs you have paid at the location, please submit original bills and/or prescriptions. Important: The bills must show the name of the person receiving treatment, the name of the illness, the treatment data and the individual medical services provided and the costs of these. Prescriptions must provide information on the medications prescribed, the prices and bear the stamp of the pharmacy.

What should you remember for claims under the Travel Liability Insurance? Please note the names and addresses of witnesses who saw the damaging event. Notify AWP and submit these documents and information with your loss report.

Olaf Nink, Chief Executive Officer
Allianz Partners
AWP P&C S.A.
Niederlassung für Deutschland
(Branch Germany)
Bahnhofstraße 16
D - 85609 Aschheim (near Munich)

Chief Executive Officer: Olaf Nink
Registration Court: München HRB 4605
VAT ID no: DE 129274528
Insurance tax no.: 802/V00802001910

AWP P&C S.A.
Public limited company under French law
Registered Office: Saint-Ouen (France)
Commercial register: R.C.S. Bobigny 519 490 080
Board of Management: Rémi Grenier (Chairman), Dan Assouline, Fabio de Ferrari, Ulf Lange, Claudius Leibfritz, Lidia Luka-Lognoné, Mike Nelson, Sylvie Ouziel
Complaint Notice:
Our goal is to offer first-class services. It is equally important to us to respond to your concerns. If you are not satisfied with any of our products or our service, please notify us directly.

You can send us your complaints relating to contract or claim issues using any means of communication. You can reach us by telephone at +49.89.6 24 24-460, in writing by e-mail to service@allianz-assistance.de, or by regular mail to AWP P&C S.A., Beschwerdemanagement, Bahnhofstrasse 16, D - 85609 Aschheim (near Munich), Germany. Additional information on our complaint process can be found at www.allianz-reiseversicherung.de/beschwerde. We will not participate in dispute settlement proceedings before a consumer arbitration board.

In the event of complaints relating to all types of insurance, please contact the responsible supervisory authority, Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin - the German Federal Financial Supervisory Authority), Graurheindorfer Strasse 108, D - 53117 Bonn, Germany (www.bafin.de).

The contract is governed by the laws of the Federal Republic of Germany, unless this conflicts with international law. Legal action based on the insurance contract can be brought by the policyholder or the insured person before the court with jurisdiction over the principal place of business or the branch of the insurer. If the policyholder or the insured person is a natural person, legal action can be brought before the court in the district of which the policyholder or the insured person has his place of residence when the legal action is brought or, if he does not have a place of residence, his habitual place of abode.

Data protection:
In accordance with the provisions of the German Federal Data Protection Act, we hereby inform you that if a claim is filed your personal data which is required to implement the insurance contract will be stored. To check the application or the damage, inquiries will also be sent to other insurers and inquiries by other insurers will be answered. Moreover, data will be sent to the reinsurer. The addresses of each recipient of data will be provided upon request.

Collection, processing and use of health data and disclosure of data to other parties: Upon conclusion of contract the declarations of consent required to implement or terminate your insurance contract were given. You will find statements and information on data processing following the conditions.

Right to revoke contracts valid for a term of one month or more:
You can revoke your contractual declaration within 14 days in writing (e.g., letter, fax, e-mail) without stating reasons. The period begins after you have received the insurance certificate, the terms of the contract including the Terms and Conditions of Insurance, the additional information pursuant to § 7 (1) and (2) of the Insurance Contracts Act (VVG) in conjunction with §§ 1 through 4 of the VVG Decree on Information Duties - each of these notifications in written form. In case of contracts in electronic commerce (§ 312c (1)(1) of the German Civil Code (BGB), this period shall not commence prior to our performance of our duties pursuant to § 312d (1)(1) of the German Civil Code in conjunction with Article 246c of the Introductory Law to the German Civil Code (EGGB).

The deadline for revocation is deemed met if the revocation is dispatched in good time. It must be sent to: AWP P&C S.A., Bahnhofstraße 16, D - 85609 Aschheim (near Munich), Fax + 49.89.6 24 24-244, E-mail: service@allianz-assistance.de

Consequences of revocation:
When revocation is effective, insurance cover ceases and we shall refund to you that portion of the premium allocated to the period after receipt of the revocation if you consented to insurance cover beginning prior to the end of the revocation period. We are entitled in this case to retain that portion of the premium that is allocated to the period until receipt of the revocation. This is a sum calculated proportionally by days. Amounts to be refunded will be remitted without undue delay, no later than 30 days after receipt of the revocation. If insurance cover does not commence prior to the end of the revocation period, then effective revocation means that payments received must be refunded and uses made thereof (e.g., interest) must be disbursed.

Special notes:
Your right of revocation lapses when the contract is completely performed both by you and also by us at your express request before you have exercised your right of revocation.

Your AWP P&C S.A., Germany Branch
AWP is the abbreviation of Allianz Partners and will hereinafter be referred to as “the insurer”.

General Provisions
AVB AB 17MV

The regulations as stipulated under §§ 1 to 11 apply to all MAWISTA Visum insurance products. The regulations printed thereafter apply to the respective insurance. Insurance cover is provided if you have contractually agreed the insurance concerned.

§ 1 Who is insured?
The persons named in the policy or the group of persons specified in the policy who are the owners of an insured person, provided that the premium has been paid.

§ 2 For which travel is the insurance applicable?
Insurance cover applies to the respectively insured temporary travel in Germany, Switzerland and throughout the sovereign territory of the member states that fully apply the Schengen acquis (area of validity). No insurance cover is provided in those countries, in which the insured person maintains a permanent residence.

§ 3 When is the premium payable?
1. The premium is due as soon as the insurance contract is concluded and must be paid upon delivery of the insurance policy. If the premium has not been paid, the insurance cover is null and void after the date of entry.

2. If the premium has not been paid upon the occurrence of the insured event, the insurer shall not have a duty to indemnify, unless the insured person is not responsible for non-payment.

3. In case of visa refusal, the premium shall be refunded via the payment method specified at the time the insurance was taken out, after the end of validity of the insurance policy (12 months) by presenting the written refusal of visa application, the original insurance policy and a full copy of the insured person’s passport.

§ 4 When does the insurance begin and end?
1. Insurance cover shall be provided insoraf as the insurance policy is purchased within one month after the insured person’s arrival to the area of validity or within one week after the expiration of an insurer–confirmed visa validity from the date of entry. The day of arrival and if so previous insurance cover shall be proved by the insured person.

2. Insured cover is valid for the agreed term. The maximum period for a term of insurance is 183 days.

3. Insurance cover commences – if premium was paid –
   a) for the insured person from a visa requiring country within the before the entry agreed term upon crossing the border into a country included in the agreed area of validity and ends with the departure from the agreed area of validity, however at the latest at the agreed term.
   b) for the insured person from a non visa requiring country within the agreed term and ends with the departure from the agreed area of validity, however at the latest at the agreed term.
   c) agreed to insurance contracts after the entry to a country included in the agreed area, after a waiting period of 7 days – 0:01 a.m. on day 8 – from the attachment date.
   In case of an accident, insurance cover shall apply from the inception of insurance cover.

§ 5 In which cases does insurance cover not apply?
No insurance cover is provided where:
1. Damage or loss caused by strikes, nuclear energy, confiscation or other invention acts by public authority, as well as damage or loss in areas for which the German Federal Foreign Office has referred to as “the insurer”.

2. If the premium has not been paid upon the occurrence of the insured event, the insurer shall not have a duty to indemnify, unless the insured person is not responsible for non-payment.

3. In case of visa refusal, the premium shall be refunded via the payment method specified at the time the insurance was taken out, after the end of validity of the insurance policy (12 months) by presenting the written refusal of visa application, the original insurance policy and a full copy of the insured person’s passport.

§ 7 When does the insurer pay compensation?
As soon as the insurer has determined whether and to what extent it has an obligation to indemnify, compensation is paid within 2 working days.

§ 8 What applies if the insured person has claims for damages against third parties?
In accordance with statutory regulations, claims for damages against third parties pass to the insurer up to the level of payment effected, provided that the insured person suffers no disadvantage as a result of the insurer's delay.

2. Upon request by the insurer, the insured person is obliged to confirm in writing the transfer of claims to this extent.

3. Any obligations assumed by the insurer under other insurance contracts and by social insurance institutions will have precedence over those of the insurer: if the insured person first presents claims to the insurer for payment, the insurer will be deemed to have made advance payment.

§ 9 When does the insured person forfeits claims to insurance benefits due to a breach of obligations and the statute of limitations?
1. If an obligation is intentionally violated, the insurer is released from its obligation to indemnify, in case of grossly negligent violation, the insurer is entitled to reduce its payment in proportion to the seriousness of the fault of the insured person.

2. The insured person must furnish proof that no gross negligence was involved. Except in case of fraudulent intent, the insurer is obliged to indemnify if the insured person furnished proof that the violation of the obligation was not the cause of either the occurrence or the determination or the scope of the insurer's obligation to indemnify.

3. The claim to an insurance benefit lapses in three years, calculated from the end of the year in which the claim occurred and the insured person obtained knowledge of the circumstances in order to assert the claim, or would have obtained knowledge without gross negligence.

§ 10 What form must be followed for submitting declarations of intent?
1. Notices and declarations of intent from the insured person and the insured person must be in text form (e.g. letter, fax, e-mail).

2. Insurance brokers are authorised to accept and forward notifications and declarations of intention to the insurer.

§ 11 Which court in Germany is responsible for dealing with the assertion of claims based on the insurance contract and which law applies?
1. The courts of Munich will have jurisdiction and venue.

2. The laws of the Federal Republic of Germany apply insofar as they do not conflict with international law.

Foreign Travel Health Insurance
AVB 17 MV

§ 1 What is insured?
The costs of treatment occurring as a result of acute illnesses or accidents during temporary travel in Germany, Switzerland and throughout the sovereign territory of the member states that fully apply the Schengen acquis are covered.

The costs of search, rescue and recovery measures are also covered up to € 5,000, if the insured person has been rescued or recovered for an accident and if the insured person is missing and it is feared that something has happened to him or her.

§ 2 What costs are reimbursed in case of medical treatment in the area of validity?
1. The insurer reimburses expenditures for all necessary medical assistance in the area of validity, including costs incurred for:
   a) Outpatient treatment by a physician.
   b) Medical treatment and medication prescribed by a physician for the insured person.
   c) Inpatient treatment in hospital, including operations that cannot be postponed. In case of premature birth, the costs of necessary treatment of the newborn child abroad will also be covered up to € 10,000, (notwithstanding § 1 AVB AB MV).
   d) Treatment of alcoholism, drug addiction and other addictions, for which medical care and treatment are not or can not be postponed.
   e) Treatment of mental illness and mental disorders.
2. The insurer reimburses the costs of medical treatment up to the level of payment, if the insured person is transported to the nearest hospital to the insured person's place of residence.

3. Unless otherwise agreed, the insurer pays a deductible of € 50 per insured event.

§ 3 Limitations on insurance cover are to be noted?
No insurance cover is provided for:
1. Medical treatment and other measures ordered by a physician, where the purpose of travel was to seek such treatment.
2. Medical treatment and other measures ordered by a physician that the insured person knew were necessary prior to departure or at the time of taking out the insurance or which he or she could have expected in the circumstances of which he or she was aware.

3. Treatment for alcoholism, drug addiction and other addictions, and the consequences thereof.

4. Treatment for diseases related to the cause and amount of the asserted claim.

5. Damage or loss in areas for which the German Federal Foreign Office has referred to as “the insurer”.

6. Expenditure for all necessary medical treatment occurring as a result of acute illnesses or accidents during temporary travel in Germany, Switzerland and throughout the sovereign territory of the member states that fully apply the Schengen acquis (area of validity). No insurance cover is provided in those countries, in which the insured person maintains a permanent residence.

§ 4 What are the duties and obligations of the insured person in case of damage or loss?
The insured person is obliged to:
1. Contact the Assistance immediately in the event of inpatient treatment at a hospital, prior to the commencement of any extensive diagnostic or therapeutic procedures as an inpatient or outpatient, and prior to any submission of acknowledgements of payment.

2. Consent to or return to repatriation to or from his or her home country, assuming the insured person is fit to be transported, if the Assistance authorises the returns journey in view of the nature of the illness and the treatment or care required.

3. Submit to the insurer the original invoices or duplicates with an original reimbursement stamp by another insurance company concerning the benefits granted, these will then become the property of the insurer.

§ 5 What additional rules apply to the insurance cover provided by the insurer Travel Health Insurance during a stay in Germany?
In Germany, medical and dental treatment as an outpatient is reimbursed at the 1.8 fold rate of the Scale of Medical Fees (GKG) or the Scale of Dental Fees (GZK) at the maximum in accordance with § 2 AVB AB MV, services mainly of a medico-technical nature are reimbursed at a 1.3 fold rate of the maximum, laboratory services at a 1.5 fold rate at the maximum. The costs of inpatient hospital treatment according to § 2 No. 1 and 2 AVB AB MV are reimbursed according to the applicable regular rate of the local health insurance responsible for the locality.

Patient Repatriation Transportation
AVB 17 MV

§ 1 What is insured?
The insurance covers the following:

1. Patient transportation due to acute illnesses and accidents occurring during travel.

2. Repatriation of mortal remains in the event of death.

§ 2 What costs does the insurer reimburse in the event of patient repatriation transportation or repatriation of mortal remains?
The insurer reimburses the following:

1. The costs incurred for the medically advisable and appropriate return transportation of the insured person to the nearest suitable hospital to the insured person's place of residence.

2. The direct costs for repatriation of the insured person’s mortal remains for burial or, alternatively, the direct costs for burial at the place of death, up to the costs of repatriation.

§ 3 What limitations on cover are to be noted?
No insurance cover is provided for patient transportation or repatriation of mortal remains on account of the following:

1. Medical treatment and other measures ordered by a physician, where the purpose of travel was to seek such treatment.

2. Medical treatment and other measures ordered by a physician that the insured person knew were necessary prior to inception of insurance cover or at the time of taking out the insurance or which he or she could have expected in the circumstances of which he or she was aware.
Travel Liability Insurance
AVB AS 17 MV

§ 1 What risks are not insured?
Insurance cover does not include the following:
1. Liability claims
   a) insofar as these exceed the scope of the insured person’s statutory liability as a result of contractual or other commitments;
   b) arising and between insured persons travelling together and insured persons and their accompanying relatives;
   c) due to transmission of illness by the insured person;
   d) due to damage arising from professional activities.
2. Liability claims against the insured person
   a) in connection with hunting activities;
   b) due to damage caused to third-party property rented by or on loan to the insured person or obtained through unlawful interference or in the insured person’s custody. However, liability arising from damage to rooms and buildings during travel is insured, in particular damage to rented holiday apartments and hotel rooms or the accommodation but not damage to furniture. Insurance cover is not provided for liability claims based on wear and tear or excessive use;
   c) as the owner, possessor, keeper or driver of a motor vehicle, aircraft or motor-driven watercraft due to damage caused by the use of such a vehicle;
   d) as the owner or keeper of animals;
   e) for hazards directly related to the deliberate and illegal commission of a punishable offence.

§ 2 What does the insurer assume?
The insurer provides insurance cover against everyday liability risks if a third party asserts claims for damages against the insured person based on a damaging event that occurred during travel on the grounds of statutory liability provisions as defined under private law. Damaging events are defined as death, injury or impairment to health (personal injury) or damage to or destruction of property (damage to property).

§ 3 What do the insured persons have to do?
1. What services does the insurer provide under the Assistance?
   a) inpatient treatment / Cost assumption statement
   b) patient repatriation transportation
   c) What services does the Assistance provide in the event of the insured person’s death?

2. What help does the Assistance provide in case of illness and accident?
   a) inpatient treatment / Cost assumption statement
   b) patient repatriation transportation
   c) What services does the Assistance provide in the event of the insured person’s death?

3. What are the duties and obligations of the insured person in the event of damage or loss?
   The insured person is obliged to do the following:
   1. Contact the Assistance immediately in the event of an acute serious illness or accidental injury.
   2. Comply with the formalities and other requirements necessary for discharge from inpatient treatment and for leaving the country.
   3. Provide the insurer with all information required to organise and carry out return transportation.

Travel Assistance
AVB AS 17 MV

§ 1 What services does the insurer provide under the Assistance?
1. The insurer provides assistance and support to the insured person during travel in the event of an emergency defined below and will pay the costs at the amount stated in each case. The insurer reserves the right to check coverage. Services provided and any cost assumption statements made by the Assistance as well as the commissioning of service providers do not in principle acknowledge the insurer’s obligation to indemnify based on the insurance contract with the insured person.
2. The insurer has contracted the Assistance to provide the insured persons with the services named below on a 24-hour basis.
3. The insured person must immediately contact the Assistance in an emergency in order to use the services.
4. Insurers as the insured person may be unable to claim the reimbursement of expenditures incurred from either the insurer or from any other payer, the insured person must return the amounts to the insurer within one month of incurring.

§ 2 What help does the Assistance provide in case of illness and accident?
1. Inpatient treatment / Cost assumption statement
   In case of inpatient hospital treatment, the insurer will provide the hospital with a statement of cost assumption up to € 13,000. This statement does not imply that the insurer acknowledges that it has a duty to indemnify. The insurer will assume the task of carrying out settlement with the payer responsible in the name of the insured person.
2. Patient repatriation transportation
   As soon as medically advisable and appropriate, the Assistance will organise return transportation using medically adequate means of transport (including air ambulances) to the closest suitable hospital to the insured person’s place of residence after prior consultation between the contract physician of the Assistance and the local physicians handling the case.

§ 3 What services does the Assistance provide in the event of the insured person’s death?
If the insured person dies during travel, the Assistance organises burial in the area of validity or repatriation of the insured person’s mortal remains to the place of burial in accordance with the wishes of family members.
I. Consent to the collection and use of health data and declaration of release from secrecy.

The declarations of consent and of release from secrecy printed under I. were prepared as coordinated between the Gesamtverband der Deutschen Versicherungswirtschaft e.V. (GDV) and data protection authorities.

The Insurance Contract Act, the Federal Data Protection Act and other data protection provisions do not include an adequate legal basis for the collection, processing and use of health data by the insurer. For this reason we need your consent as required by data protection laws. In the event of a claim, we may require your release from secrecy in order to obtain your health data from parties subject to secrecy (e.g. physicians).

Furthermore, we require your release from secrecy in order to disclose your health data or other data protected under § 203 of the German Criminal Code, e.g. the fact that there is a contract with you, your customer number or other identification data, to other parties, e.g. assistance, logistics or IT service providers.

The following declarations of consent are indispensable for the implementation or termination of your insurance contract (processing of your claim). Should you not submit these, it will not usually be possible to enter into any contract.

The declarations relate to the way we handle your health data and other data subject to secrecy (under I.), in connection with requesting these from third parties (under 2.) and when disclosing them to parties external to the insurer (under 3.).

The declarations also apply to persons legally represented by you who are included in the insurance, e.g. to your children, if they do not recognise the significance of this consent and thus cannot submit their own declarations.

1. Consent to the collection, saving and use of your health data

I consent to AWP P&C S.A. collecting, saving and using the health data notified by me in the future, provided that this is required to implement or terminate the insurance contract.

2. Request of health data from third parties to verify the duty to indemnity

To check our duty to indemnify it may be necessary for us to check information on your state of health which you provided to substantiate claims or which is shown in the documents submitted (e.g. bills, prescriptions, expert opinions) or notifications, e.g. by a physician or other member of the health profession.

This verification is carried out only to the extent necessary. To do so, we require your consent including a release from secrecy for us and for these parties if, in the course of these requests, health data or other information subject to secrecy are disclosed.

We will inform you in each individual case of the persons or establishments that are required to provide information and for what purpose. You can then decide in each case whether you consent to the collection and use of your health data by the insurer, release the persons or establishments named and their employees from secrecy and consent to the transfer of your health data to the insurer, or whether you will provide the required documents yourself.

3. Disclosure of your health data and other data subject to secrecy to parties outside AWP P&C S.A.

We contractually oblige the parties named below to observe provisions on data protection and data security.

3.1 Disclosure of data for medical assessment

To check our duty to indemnify, it may be necessary to call in medical experts. We require your consent and release from secrecy for this purpose if your health data and other data subject to secrecy are transferred in this connection. You will be informed of each transfer of data.

I hereby consent and agree that AWP P&C S.A. may transmit my health data to medical experts if this is necessary for reviewing the obligation to pay benefits in my insurance claim and that the health data are used there for the proper purpose and the results are sent back to AWP. I release the persons working for AWP P&C S.A. and the experts from their nondisclosure duty with respect to the health data and other data protected under StGB (German Criminal Code) § 203.

3.2 Transfer of tasks to other parties (business enterprises or persons)

We do not perform in part certain tasks in the course of which your health data might be collected, processed and used. We have therefore transferred these tasks to other companies. If your data subject to secrecy are disclosed in the course of this, we require your release from secrecy for us and, where necessary, for other parties.

We carry out a constantly updated list of the parties and categories of parties that collect, process or use data subject to secrecy on our behalf as agreed. This list shows the tasks which have been transferred to the individual parties. The currently valid list is enclosed directly with the declarations. An up-to-date list can also be viewed on the Internet under www.allianz-reverseversicherung.de/daten- veraerbarung or requested from us (AWP P&C S.A., Bahnhofstrasse 16, D-85509 Aschheim (near Munich), Phone: +49.89.62424-460, service@allianz-assistance.de). We need your consent for the disclosure of your health data and for use of such data by the parties listed at these points.

I consent to AWP P&C S.A. transferring my health data to the parties named in the list mentioned above and to the employees of AWP P&C S.A. as well as those of the parties entrusted with this task from secrecy for the disclosure of health data and other data protected under § 203 of the German Criminal Code.

3.3 Disclosure of data to reinsurers

To ensure that your claims are satisfied, AWP P&C S.A. can conclude contracts with reinsurers that partially or completely assume the risk insured by us. In some cases the reinsurers use other reinsurers for this purpose to whom they also transfer your data. To allow the reinsurer to check whether AWP P&C S.A. has correctly assessed a claim, AWP P&C S.A. might be required to present your claim documents to the reinsurer.

To settle insurance claims, data on your existing contracts might also be disclosed to reinsurers.

As far as possible, anonymised and pseudonymised data are used for the purposes named above, but personal health data might also be used.

Reinsurers use your personal data only for the purposes named above. We will inform you of the transfer of your health data to reinsurers.

I consent to AWP P&C S.A. transferring my health data to reinsurers, provided that this is necessary for the assertion of legal claims for reimbursement in my insurance case; that the health data is used appropriately and that the results are relayed back to AWP. Insofar as is necessary, I release from their confidentiality obligations any persons acting on behalf of AWP P&C S.A. and consultants, with respect to the health data and further pursuant to data protected under Section 203 of the StGB (German Criminal Code).

II. Disclosure of data to other insurers

Pursuant to the Insurance Contract Act the insured person must notify the insurer of all important circumstances for claim settlement in case of damage. This can also include previous illnesses and claims or notifications about other similar insurance. In certain cases, such as double insurance, legal subrogation and where there is cost sharing agreements, personal data must be exchanged between insurers. Also to prevent any misuse of insurance it may be necessary to request information from other insurers or to provide suitable information upon request. In the process, the data of the person affected are disclosed, such as his or her name and address, type of insurance cover and the risk or information on the claim (type of damage, amount of claim, date of damage).