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 over 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
✓ Reimbursement of 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.

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

What is not insured?

Foreign Travel Health Insurance and Travel Assistance
✓ Benefits in those countries in which the insured person has a permanent residence.
✓ Medical treatment and other orders 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.
✓ Massage and wellness treatment, fango and lymph drainage
✓ Childbirth after the 36th week of pregnancy as well as abortions and the consequences thereof that are not medically indicated and can be postponed

Travel Liability Insurance
✓ Liability claims among and between insured persons travelling together
✓ Loss or damage caused by the use of a motor vehicle, aircraft or motor-driven watercraft

Are there any restrictions on cover?

Foreign Travel Health Insurance and Travel Assistance
✓ A maximum of €250 for dental treatment and repairs to dentures and provisional dentures after an accident
✓ Costs of medical treatment up to the day the insured is fit to be transported, however a maximum of 45 days from the start of medical treatment
✓ In Germany, medical and dental treatment as an outpatient is reimbursed at the 1.8 fold rate of the Scale of Medical Fees (GOA) or the Scale of Dental Fees (GDZ), services mainly of a medico-technical nature are reimbursed at a 1.15 fold rate at the maximum, laboratory services at a 1.15 fold rate at the maximum
✓ The costs of inpatient hospital treatment are reimbursed according to the applicable regular rate of the local health insurance responsible for the locality.

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 my 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.
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).

AWP P&C S.A., Niederlassung für Deutschland
(Munich Branch)
MAWISTA Schadenabteilung
Bahnhofstraße 16
D – 85609 Aschheim (near Munich)
Telefon: +49.89.6 24 24-0
Telefax: +49.89.6 24 24-222

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. Ask for a copy of the police report if the police was called in to investigate the matter. Notify AWP and submit these documents and information with your loss report.

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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.

Olaf Nink, Chief Executive Officer

Allianz Partners
AWP P&C S.A.
Niederlassung für Deutschland
(Munich Branch)
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/V90802001910

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
In accordance with Art. 13 of the General Data Protection Regulation (GDPR), we are informing you about the processing of your personal data by AWP P&C S.A., Niederlassung für Deutschland (Germany Branch), and about your rights under the data protection law.

1. Who is responsible for processing your personal data?
Responsibility for processing your personal data rests with AWP P&C S.A., Niederlassung für Deutschland (Germany Branch) Bahnhofstrasse 16, D-85609 Aschheim (bei München).

The Data Protection Officer can be contacted by standard mail at the aforementioned address, using the suffix ‘Data Protection Officer’, or by email at datenschutz-aszpe@allianz.com.

2. For what purpose is your data processed, and on what legal basis does this take place?

a) What applies to all categories of personal data?
We process your personal data in compliance with the EU General Data Protection Regulation (GDPR), the German Federal Data Protection Act (BDSG), the provisions of the German Insurance Contract Act (VVG) relevant to data protection law, as well as all other applicable laws.

When you submit an application for insurance cover, we will require the information provided by you in this regard, in order to conclude the contract and to estimate the risk assumed by us. If the insurance contract comes into existence, we will process this data for the implementation of the contractual relationship, such as for invoicing purposes. We require information about the damage/loss in order to be able to assess if an insured event has occurred and determine the extent of this damage/loss.

It is not possible to conclude and implement the insurance contract without processing your personal data.

Art. 6 section 1 b) GDPR constitutes the legal basis for the processing of personal data for pre-contractual and contractual purposes.

We will also process your data for the purposes of the legitimate interests pursued by us or by third parties (Art. 6 section 1 f) GDPR).

This can particularly be the case:
• for ensuring IT security and IT operation,
• for marketing our own insurance products, and for conducting marketing and opinion polls,
• for the prevention and investigation of criminal activities; in particular we use data analyses for the detection of facts that could indicate insurance fraud.

We also process your personal data in order to fulfill other statutory obligations, such as regulatory stipulations, as well as retention obligations imposed by commercial and tax law regulations. The legal basis of the data processing in this case, is provided by the relevant statutory regulations in conjunction with Art. 6 para. 1 c) GDPR.

If we intend to process your data for any purpose other than those described above, we will notify you in advance within the framework of the statutory regulations.

b) What applies to special categories of personal data, especially health-related data?

There are special safeguards on the processing of special categories of personal data, of which health-related data is one. As a rule, processing is possible only if you have consented, or if one of the legally defined situations exist (Art. 9 section 2 GDPR).

a) Processing of your special categories of personal data

In many cases, in order to examine the benefit entitlement, we require personal data belonging to a special category. This includes health-related data, for example. If, in connection with a specific insurance claim, you provide us with such data together with a request to examine the case and process the claim, you are explicitly permitting us to process your health-related data as necessary in order to process the insurance claim. We will remind you again separately of this fact by way of the claims form.

The consent may be withdrawn at any time, taking effect for the future. However, please be informed that it may no longer be possible to examine our duty to indemnify as a result of the insured event. If the insurance claim has already been processed, it may be the case that the data cannot be deleted for statutory retention periods, for example.

b) Requesting health-related data from third parties in order to examine the duty to indemnify

In order to examine our duty to indemnify, it may be necessary for us to check information concerning your state of health, as provided by you in substantiating claims, or which is evident from documents submitted (e.g. invoices, prescriptions, reports) or statements, e.g. from a doctor or other member of a healthcare profession.

For this purpose, we will require your consent, including a confidentiality waiver covering us and all agencies subject to a duty of confidentiality, and which are required to provide information to enable the duty to indemnify to be examined.

The consent may be withdrawn at any time, taking effect for the future. However, please be informed that it may no longer be possible to examine our duty to indemnify as a result of the insured event. If the insurance claim has already been processed, it may be the case that the data cannot be deleted for statutory retention periods, for example.

The consent may be withdrawn at any time, taking effect for the future. However, please be informed that it may no longer be possible to examine our duty to indemnify as a result of the insured event. If the insurance claim has already been processed, it may be the case that the data cannot be deleted for statutory retention periods, for example.

The consent may be withdrawn at any time, taking effect for the future. However, please be informed that it may no longer be possible to examine our duty to indemnify as a result of the insured event. If the insurance claim has already been processed, it may be the case that the data cannot be deleted for statutory retention periods, for example.

3. To what recipients will we communicate your data?

Recipients of your personal data may include: selected external service providers (e.g. assistance service providers, benefit processors, transport service providers, technical service providers, etc.), other insurers or reinsurers.

In addition, we may also communicate your personal data to other recipients, such as public authorities for the fulfilment of statutory duties of notification (e.g. finance authorities or criminal investigation agencies).

4. How long will we store your data?

We will store your data for the period during which claims may be made against our company (statutory retention period from 3 to 30 years). We will also store your data if we are under a legal obligation to do so, e.g. according to the provisions of the German Commercial Code, the German Fiscal Code or the German Money Laundering Act. The relevant retention periods amount to 10 full years in these cases.

5. What are your rights?

You have the right to be informed about all of the information stored by us, and to demand that incorrect data be corrected. Under certain conditions, you also have the right to deletion of data, the right to object to processing, the right to restriction of processing and the right to data portability.

Right of objection
You may object to the processing of your data for direct marketing purposes. If we process your data in order to protect legitimate interests, you may object to this processing for reasons pertaining to your particular situation.

If you have any objections concerning the handling of your data, you may contact the aforementioned Data Protection Officer in this regard. You are also entitled to raise objections with a data protection supervisory authority.

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
Terms and Conditions of 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 17 MV

The regulations as stipulated under §§ 1 to 11 apply to all MAWISTA Visa 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 certificate of insurance are deemed insured persons, 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.
2. If the premium has been paid upon the occurrence of the insured event, the insured person shall not have a right 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 inssofar 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 contract or without valid written agreement on the date of entry. The day of arrival and if so previous insurance cover shall be proved by the insured person.
2. Insurance cover is valid for the agreed term. The maximum per year for a term of insurance is 183 days.
3. Insurance cover commences – if premium was paid – by the day after the entry agreed term upon crossing the border into a country included in the agreed area of validity and ends with the day of 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 time agreed.
c) agreed to insurance contracts after the entry to a country included in the agreed area, after a waiting period of 7 days – 00:01 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 applies in the following cases:
1. Damage or loss caused by strikes, natural energy, confiscation and other invention acts by public authority, as well as damage or loss in areas for which the German Federal Foreign Office has issued a travel warning. If an insured person is at such a location at the time when a travel warning is issued, insurance cover ends seven days after the issuance of the travel warning.
2. Damage or loss due to war or events similar to war; however, 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).
3. Damage or losses intentionally caused by the insured person.
4. Expeditions.

§ 6 What are the duties and obligations of the insured person in the event of damage or loss?
The insured person is obliged to:
- report the damage or loss to the insurer without delay,
- present at the insurer in an appropriate way (copy of entry documents, passport/visa if required for entry, tickets etc.),
- describe the damaging event or the loss as well as the scope of the claim in a written statement to the insurer with all internal pertinent information. The insured person must furnish proof in the form of original bills and receipts, release physicians from their confidentiality obligation as necessary – including the physicians of the Assistance – and allow the insurer to reasonably examine the cause and amount of the asserted claim.

§ 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 provided within two weeks.

§ 8 What applies if the insured person has claims for damages against third parties?
1. In accordance with statutory regulations, claims for damages against third parties pass to the insurer up to the limit of payment effected, provided that the insured person suffers no disadvantage thereby.
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 which arise, under other insurance contracts and by social insurance institutions will have precedence over those of the insurer. If the insured person first presents the claim 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 furnishes proof that the violation of the obligation was due to either the time of occurrence or the determination or the scope of the insurer’s obligation to indemnify.
3. The claim to 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 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 insurer must be in text form (e.g. letter, fax, e-mail).
2. Insurance brokers are authorized 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 shall have jurisdiction and venue.
2. The laws of the Federal Republic of Germany apply inssofar as they do not conflict with international law.

Foreign Travel Health Insurance

AVB RK 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 (area of validity).

The costs of search, rescue and recovery measures are also covered up to € 5,000 if the insured person has to be rescued or recovered for an accident or if the insured person is missing and it is feared to have 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 injured 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 AHW MV.
d) Patient transportation deemed medically necessary for inpatient treatment in the nearest hospital in the area of validity at the time of the insured person’s accommodation.
e) Walking aids deemed medically necessary and the rental fee for a wheelchair.
f) Pain-killing treatment, repairs to dentures and provisional measures up to € 250.
2. The insurer reimburses the costs of medical treatment up to the day the insured is fit to be transported, however a maximum of 45 days from the start of medical treatment, insofar as return transport up to the end of the insured travel is not possible due to the insured person and the insurer’s decision to be transported.
3. Unless otherwise agreed, the insurer reimburses a maximum of € 50 per insured event.

§ 3 What limitations on insurance cover are to be noted?
1. No insurance cover is provided for the following:
a) Medical treatment and other measures ordered by a physician, where the purpose of travel was to seek such treatment.
b) 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 for which he or she could have expected in the circumstances of which he or she was aware.

c) Dental treatment other than pain-killing treatment, repairs to dentures and provisional measures.
d) Massage and wellness treatment, lango and lymph drainage as well as the purchase of prostheses and other medical aids.
e) Treatment of alcoholism, drug addiction and other additions, and the consequences thereof.
f) Childbirth after the first seven days of pregnancy as well as abortions and the consequences thereof that are not medically indicated and can be postponed.
g) Treatment or accommodation caused by infirmity, need of nursing care or detention.
h) Psychoanalytical and psychotherapeutic treatment and hypnosis.
i) Injuries caused by actively participating in competitions held by sports organisations and training in connection therewith.
j) Treatment by spouses, life partners, parents or children. Documented medical expenses are reimbursed according to tariff.

2. If the medical treatment or any other measure exceeds the medically necessary measure, the insurer can reduce the benefit to the reasonable amount. However, the reasonable amount may not exceed the extent considered generally customary and reasonable in the country concerned. Otherwise the insurer may reduce the reimbursement to customary rates in that country.

§ 4 What are the duties and obligations of the insured person in case of damage or loss?
The insured person is obliged to do the following:
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 return or repatriation to his or her home country, assuming the insured person is fit to be transported, if the Assistance authorizes the return journey in view of the nature of the illness and the circumstances.
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 dental treatment as an outpatient is reimbursed at the 1.6 fold rate of the Scale of Medical Fees (GOA) or the Scale of Dental Fees (GOZ) at the maximum in accordance with § 2 AHW MV, services mainly of a medico-technical nature are reimbursed at the 1.13 fold rate of the maximum, laboratory services at a 1.15 fold rate at the maximum. The costs of inpatient hospital treatment according to § 2 No. 1 and 2 AHW MV are reimbursed according to the rate applicable to the regulation of the local health insurance responsible for the locality.

Patient Repatriation Transportation

AVB RT 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 transport 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 cremation, 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 departure or at the time of taking out the insurance for which he or she could have expected in the circumstances of which he or she was aware.
1. Inpatient treatment / Cost assumption statement
   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. Liability claims against the insured person
   a) for 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;
      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) for hazards directly related to the deliberate and illegal commission of a punishable offence.

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.

4. What are the duties and obligations of the insured person in the event of damage or loss?
   § 4  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 any 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.

§ 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 insurer.
      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 in 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.