



CORPORATE PLUS & CORPORATE GOLD ASSISTANCE TERMS AND CONDITIONS

Policy signed by AirPlus International SA, Boulevard de l'Impératrice 66, 1000 Brussels, and by AIG Europe S.A.. AIG Europe S.A. is an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35 D Avenue John F. Kennedy, L-1855, Luxembourg. AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances 7, boulevard Joseph II, L-1840 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, caa@caa.lu, <http://www.caa.lu/>.

AIG Europe S.A., Belgium branch is located Pleinlaan 11, 1050 Brussels, Belgium. RPM/RPR Brussels - VAT number: 0692.816.659. AIG Europe S.A. Belgium branch is registered with the National Bank of Belgium (NBB) under the number 3084. The NBB is located at de Berlaumontlaan 14, 1000 Brussels, www.nbb.be.

1. DEFINITIONS

CORPORATE PLUS & CORPORATE GOLD ASSISTANCE: The organization set up to execute the agreement between AirPlus International SA and AIG Europe S.A., Belgium branch, which undertakes to provide all of the assistance services mentioned below.

INSURER: AIG Europe S.A., Belgium branch.

POLICYHOLDER: AirPlus International SA, issuer of the Visa Corporate Plus or Visa Corporate Gold card, Mastercard Corporate Plus or Mastercard Corporate Gold card in Belgium.

INSURED PERSONS: The Insured Persons, provided that they are domiciled in the Country of Residence and normally resident there, are:

- the holder of the Visa Corporate Plus or Visa Corporate Gold card (Codes BIN 485778, 485754, 485756), Mastercard Corporate Plus or Mastercard Corporate Gold card (Codes BIN 558799, 558742, 558761);
- the de jure or de facto spouse;
- his or her children or those of the insured partner, if they are under the age of 25 years, unmarried and fiscally in care, even if not living in his or her home.

ACCIDENTAL BODILY INJURY: A sudden event outside of the control of the Insured Person that results in a bodily injury established by a Competent Medical Authority, one of the causes of which is external to the organism of the victim.

COMPETENT MEDICAL AUTHORITY: A medical practitioner recognised under Belgian law or by the laws in force in the country concerned.

BAGGAGE: Personal effects carried by the Insured Person during a flight.

HOTEL COSTS: The costs of a room and breakfast.

MEDICAL INCIDENT: An illness or bodily accident occurring to an Insured Person.

ILLNESS: Any involuntary, medically identifiable affliction to the health.

COUNTRY OF RESIDENCE: The country in which an INSURED PERSON resides or intends to reside during a period of 90 days or more per consecutive period of 12 months

COUNTRY OF DOMICILE: The country where the person is registered primarily on the population register and where this person gets his main residence.

REPATRIATION: Return of the Insured Persons to their Domicile.



MEDICAL REPATRIATION: Transport to a care centre of an ill or injured Insured Person accompanied by medical personnel (doctor and/or nurse). Medical Repatriation is only used in cases of medical emergency where no suitable treatment is available locally.

INTOXICATION: Situation in which the Insured Person is under the influence of alcohol and/or illegal narcotics, and thereby violates the laws of the country in which the insured incident takes place.

ABROAD: Any country other than

- the country of Domicile of the Insured Person;
- the country of normal residence of the Insured Person;
- the country of normal employment of the Insured Person.

COUNTRY OF RESIDENCE: the country in which an Insured Person resides or intends to reside during a period of 90

2. PURPOSE AND SCOPE OF THE ASSISTANCE

2.1 PURPOSE

The Insurer guarantees, up to the amounts indicated, including taxes, an assistance service when the Insured Person is the victim of the events defined in the present contract.

2.2 TERRITORIAL SCOPE

Unless there is derogation for certain services, the assistance service is acquired throughout the entire world, except for:

- the country of Domicile of the Insured Person;
- the country of normal residence of the Insured Person;
- the country of normal employment of the Insured Person.

3. CONDITIONS FOR GRANTING THE ASSISTANCE SERVICE

3.1 The Insurer shall take all necessary steps to assist the Insured Person during the defined events, whether private or professional. These events are covered during the period of validity of the contract, within the limits of the territorial scope of the contract and the guaranteed amounts, including taxes.

3.2 The choice of the most appropriate means of transport falls to the Insurer; if the distance to be travelled is less than 1.000 km, the preferred means of transport will be rail (1st class); if the distance to be travelled is greater than 1.000 km, the preferred means of transport will be by air (economy class), unless otherwise stipulated in the contract.

3.3 All services not requested at the time of the events, as well as all those refused by the Insured Person or organized without the agreement of the Insurer, shall not subsequently give rise to reimbursement or indemnity.

The event must be notified to the Insurer as soon as it occurs and an attestation from the local authorities or the assistance organization must be sent to it. An exception is made to this rule for:

- search and rescue costs;
- medical expenses incurred Abroad not requiring hospitalization up to a maximum of two medical examinations per annum on production of a medical certificate.

3.4 The guarantee is limited to trips of a maximum of 90 consecutive calendar days. Events occurring after this period are not covered by the guarantee.



4. ASSISTANCE TO PERSONS ABROAD

4.1 SEARCH AND RESCUE COSTS

The Insurer reimburses search and rescue costs incurred to safeguard the life or physical integrity of an Insured Person up to 25.000 € per incident, provided that the rescue results from a decision taken by the competent local authorities or official emergency organisations.

4.2 ASSISTANCE FOLLOWING A MEDICAL INCIDENT

4.2.1 MEDICAL ASSISTANCE

In the event of a Medical Incident, the Insurer medical team contacts the attending physician as soon as the first call is received in order to intervene under the best possible conditions given the condition of the Insured Person. In all cases, the local authorities assume the organization of first-level intervention.

4.2.2 SENDING A DOCTOR TO THE SITE

If the Insurer medical team deems it necessary, the Insurer commissions a doctor or a medical team to go to the Insured Person in order best to judge the measures required and to organize them.

4.2.3 REIMBURSEMENT OF MEDICAL EXPENSES

The Insurer shall indemnify all urgent medical expenses incurred Abroad which are reasonably and necessarily incurred as a direct result of an accident or Illness, up to a maximum of 365 days calculated from the date of the Accident or the first diagnosis of the Illness.

After an accident has occurred, the necessary medical care shall be provided as soon as possible.

The Insurer shall indemnify the aforementioned costs after exhausting the benefits guaranteed by any third-party payer, and on presentation of receipts. The Insurer shall not indemnify any medical expenses of less than 50 €.

This guarantee covers:

- medical and surgical fees;
- medicines prescribed by a local doctor or surgeon;
- hospitalisation costs provided that the Insured Person was judged non-transportable by the Insurer's doctors;
- cost of transport ordered by a doctor for a local journey;
- cost of dental care requiring immediate attention, providing it is approved beforehand by the Insurer, or the cost of dental care which is the result of an accident, up to the a maximum sum insured of 1.500 € per Insured Person.

A. Conditions for accepting medical expenses

A.1 These payments and/or reimbursements complement reimbursements and/or payments obtained by the Insured Person or his beneficiaries from the Social Security and/or any other provident organisation to which the Insured Person belongs (mutual fund or other).

A.2 The payment and/or reimbursement of treatment costs is carried out under the public regime. The payment and/or reimbursement of treatment costs under a private regime is only allowed if the technical and medical imperatives justify and the Insurer medical service has given its agreement in advance.

A.3 Where the Insured Person does not have coverage against small and large risks with the Social Security and/or any other provident organisation, the Insurer only intervenes in the reimbursement of medical costs that complement the reimbursements and/or payments that would have been obtained by the Insured Person (or his beneficiaries) from the Social Security or other provident organisation.



B. Payment procedures for medical costs

The payment of supplementary costs is made by the Insurer to the Insured Person on return to the Country of Residence, after recourse to the organisations mentioned in the previous paragraph, on presentation of all the original receipts. In the case of medical costs advanced by the Insurer, the Insured Person undertakes, within a period of two months from receipt of the invoices, to take the necessary steps to recover these costs from the Social Security and/or any other provident organisation to which he belongs and to return to the Insurer the amount of the sums obtained.

4.2.4 EXTENSION OF THE STAY OF THE INSURED PERSON

The Insurer pays the cost of an extension to a hotel stay for a sick or injured Insured Person if, on medical orders from the competent medical authorities, the Insured Person is unable to undertake the return journey on the initially planned date. The extension decision must be approved in advance by the Insurer's doctor. These costs are limited, for each Medical Incident, to a maximum of 150 € per night and per room up to a maximum total of 1.500 €.

4.2.5 TAKING CHARGE OF CHILDREN UNDER THE AGE OF 16

If the Insured Person(s) accompanying children under the age of 16 finds it impossible to care for them following a Medical Incident, the Insurer organises and pays for the return trip of a person residing in the Country of Residence, appointed by the family, to fetch the children under the age of 16 and take them home to their Country of Residence. Should it prove impossible to contact one of the above-mentioned persons, or if such persons are unable to make the journey, the Insurer sends a delegate to take charge of the children and bring them home to the Country of Residence where they are placed in the care of the person appointed by the Insured Person.

The Insurer will take into account the age of the child on the day of the loss.

4.3 ASSISTANCE FOLLOWING HOSPITALISATION OF AN INSURED PERSON TRAVELLING ALONE

If the Insured Person, travelling alone, is hospitalised following a Medical Incident and the doctor commissioned by the Insurer advises against transport before 7 days, the Insurer organises and pays for the return trip of a member of the family or friend living in the Country of Residence to visit the Insured Person.

These costs of the stay of the person are limited to a maximum of 150 € per night and per room up to a maximum total of 1.500 €.

4.4 DISPATCHING OF A COLLEAGUE TO REPLACE THE INSURED PERSON

If the Insured Person is hospitalized following an accident or a Medical Incident during a professional trip of 3 days minimum, the Insurer organizes and pays for the return ticket of a colleague of the Insured Person in order to replace him or her in the accomplishment of the professional task. These transport costs are limited to 1.000 € per claim and per annum.

4.5 ASSISTANCE FOLLOWING REPATRIATION

4.5.1 REPATRIATION OR TRANSPORT FOLLOWING A MEDICAL INCIDENT

If the Insured Person is hospitalised following a Medical Incident and the Insurer medical team deems it necessary to transport the person to a medical centre that is better equipped, more specialised or nearer home, the Insurer organises and pays for the Medical Repatriation or transport of the sick or injured Insured Person, under medical surveillance if necessary, depending on the gravity of the case, by: rail (1st class); ambulance; regular airline, economy class, with special facilities if necessary; medical aircraft. If the condition of the Insured Person does not require hospitalisation, transport home is provided. If the event occurs outside of Europe and the countries bordering the Mediterranean Sea, transport will be by air only. The decision concerning transport and the means to employ is taken by the Insurer's doctor solely in the light of the technical and medical imperatives. The Insurer doctor must have given his agreement before any transport is taken. The Insurer organises and pays for the transport of an Insured Person in order to accompany the Insured Person to the place of hospitalisation or his home.

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4/11

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4.5.2 REPATRIATION OF OTHER INSURED PERSONS

In the event of Repatriation of an Insured Person, the Insurer organises and pays for the return of the other Insured Persons to their home or for the continuation of the journey. The "continuation of journey" insurance is limited to the cost of Repatriation of the Insured Persons to their home. It applies on condition that the other Insured Persons cannot use the same transport as for the outward journey initially planned for the return.

4.5.3 REPATRIATION OF BAGGAGE

In the event of Repatriation of an Insured Person, the Insurer organises and pays for the transport of Baggage to the home of the Insured Person.

4.6 DISPATCHING VITAL MEDICINES

The Insurer takes the necessary steps to organise and pay for:

- search and provision of vital medicines, prescribed by a Competent Medical Authority, impossible to find locally but available in the Country of Residence;
- dispatching of the glasses and/or lenses if already owned by the Insured Person.

The Insurer must approve their provision. Their dispatch is subject to the availability of means of transport and must comply with local and international legislation.

The Insured Person undertakes to reimburse to the Insurer the price of the medicines provided, plus any customs costs, within two months of the date of their dispatch.

4.7 ASSISTANCE IN THE EVENT OF DEATH

If the family decides on a burial or cremation in the Country of Residence, the Insurer organises the Repatriation of the mortal remains and pays for:

- cost of preparing the body;
 - local cost of placing in a coffin;
 - cost of the coffin up to a maximum of 650 €;
 - cost of transport of the mortal remains from the place of death to the place of burial or cremation.
- The costs of the ceremony and burial or cremation are not paid by the Insurer. If the family decides on a burial or cremation Abroad, the Insurer organises and pays for the same services as those mentioned above. In all cases, the intervention of the Insurer is limited to the costs that would be incurred for the Repatriation of the mortal remains to the Country of Residence. The choice of companies used for the Repatriation process is left to the exclusive discretion of the Insurer.

4.8 EARLY RETURN OF AN INSURED PERSON

If the Insured Person must interrupt a journey Abroad due to:

- death or the unforeseen hospitalisation following a Medical Incident in the Country of Residence of more than 5 days, or 48 hours if the Insured Person is less than 16 years old, of the spouse, father, mother, brother, sister or child;
- death of a colleague vital for the day-to-day management of the enterprise of the Insured Person, or of the replacement of the Insured Person in a liberal profession. The Insurer organises and pays for, to the home or place of burial or cremation in the Country of Residence:
- either the two-way journey of one Insured Person;
- or the one-way journey of two Insured Persons.

The guarantee is only acquired on presentation of a death or hospitalisation certificate.

4.9 DOMESTIC ANIMALS

In the event of Repatriation, death or early return, the Insurer organises and pays for the return of domestic animals (dog(s) or cat(s)) accompanying the Insured Person.



4.10 ASSISTANCE IN THE EVENT OF LOSS OR THEFT OF BAGGAGE

In the event of the loss or theft of Baggage, the Insurer communicates to the Insured Person information on the formalities to be completed for the declaration of the theft or loss of Baggage. At the request of the Insured Person, the Insurer organizes and pays for sending a suitcase of replacement personal effects up to a maximum weight of 20 kg. The suitcase must be deposited in advance at the registered office of the Insurer and accompanied by a full inventory of its contents. The Insurer deals with forwarding Baggage found after departure.

4.11 TRANSMISSION OF MESSAGES

If the Insured Person so requests, the Insurer will transmit free of charge urgent messages associated with the Insured guarantees and benefits. In general, the transmission of messages is subject to justification of the request, the clear and explicit expression of the message to be transmitted, and a precise indication of the name, address and telephone number of the person to be contacted. Any text resulting in criminal, financial, civil or commercial responsibility is transmitted under the sole responsibility of its author, who must be identified. The content must comply with Belgian and international legislation and cannot engage the responsibility of the Insurer.

5. LEGAL ASSISTANCE

5.1 LAWYER'S FEES ABROAD

If the Insured Person becomes the subject of a judicial process Abroad, the Insurer advances the amount of the fees for a lawyer freely chosen by the Insured Person up to a maximum of 1.250 € per Insured Person. The Insurer does not intervene for judicial processes in the Country of Residence following an action brought against an Insured Person Abroad. The Insured Person undertakes to reimburse to the Insurer the amount of the fees within two months of making the request to the Insurer.

5.2 ADVANCE OF A BAIL BOND ABROAD

If the Insured Person is subject to judicial procedures Abroad, the Insurer advances the amount of the bail bond required by the authorities up to a maximum of 12.500 €. The bail bond must be reimbursed to the Insurer as soon as it is returned by the authorities and, in any case, at the latest within two months of the date of the advance. In the case of the occurrence of an insured event Abroad being the subject of a request for intervention to the Insurer and, where appropriate, after declaration to the local authorities, at the request of the Insured Person the Insurer will take the necessary steps to send the Insured Person the counter-value to a maximum of 2.500 €. This sum must be paid in advance to the Insurer in cash in the form of a certified bank cheque.

6. EXCLUSIONS

6.1 THE FOLLOWING ARE NEITHER COVERED NOR REIMBURSED:

- costs incurred by an Insured Person without the prior agreement of the Insurer (unless otherwise agreed in the contract);
- the cost of meals with the exception of the cost of breakfast;
- taxi costs (unless otherwise agreed in the contract);
- costs foreseen before departure on a journey Abroad;
- normally foreseeable damaging consequences of a deliberate act or omission which is the fault of the Insured Person;
- the accidents caused by Intoxication;
- events caused by a deliberate act, by suicide or by attempted suicide;
- events caused by a reckless act, a bet or a challenge by the Insured Person;
- events resulting from war, general mobilisation, requisition of men and material by the authorities, terrorism or sabotage, unless the Insured Person can demonstrate that he did not participate in the event;



- social conflicts such as a strike, lock-out, riot or demonstration, unless the Insured Person can prove that he did not participate in the event;
- nuclear reactions and/or radioactivity and/or ionising radiation, except if these elements appear during essential medical treatment following a covered injury;
- participation as a professional in competitions or training for such events;
- services that the Insurer cannot provide in the event of a case of force majeure;
- all costs not explicitly mentioned as being paid for under the present contract.

6.2 EXCLUSIONS CONCERNING PERSONAL ASSISTANCE

The guarantees do not cover:

- benign ailments or injuries that do not prevent the Insured Person from continuing his journey;
- illnesses, relapses and convalescences of any known ailment, not yet stabilised and in the course of treatment before the date of departure that carry a real risk of rapid aggravation;
- medical costs in the Country of Residence of the Insured Person;
- the cost of preventive medicine and thermal cures;
- the costs of diagnosis and treatment not recognised by the INAMI;
- interventions and treatments of an exclusively aesthetic nature;
- the purpose of the trip is to receive medical treatment or medical advice;
- circumstances known to the Insured Person and/or existing when leaving on the trip, that rendered the injury likely to happen and/or for which the conveyor, the World Health Organisation or the Ministry for Foreign Affairs in the country where the Policy Holder is established gave a negative travel advice;
- routine medical expenses.

7. GENERAL PROVISIONS

TERRITORIALITY

Cover applies worldwide.

EFFECT OF THE COVER

The cover incepts on the issuing date of Visa Corporate Plus, Visa Corporate Gold, Mastercard Corporate Plus and Mastercard Corporate Gold card.

THE OBLIGATIONS OF THE INSURED PERSON

A. Declaration of incidents

A.1 The Insured Person must notify the Insurer as soon as possible of the occurrence of any incident.

A.2 The Insured Person must provide without delay all necessary information and reply to requests made to him to determine the circumstances and assess the extent of the incident. In order to ensure that the assistance is organised in an optimum manner and in particular to agree on the most appropriate means of transport (air, train, etc.), the Insured Person must try to contact the Insurer before any intervention and only incur assistance costs with its agreement. Failure to do so results in these costs being reimbursed only up to the amounts indicated in the general conditions and within the limits of those that the Insurer would have incurred if it had organised the service itself.



B. Duties of the Insured Person in the event of an incident

B.1 The Insured Person must take all reasonable measures to prevent any aggravation of the consequences of the incident.

B.2 The Insured Person undertakes, within a maximum period of three months after the intervention of the Insurer, to:

- provide the receipts for expenses incurred;
- provide proof of the events that gave rise to the guaranteed benefits;
- return all transport tickets that have not been used because the Insurer took care of such transport.

When the Insurer has advanced medical costs, the Insured Person must always take all necessary measures with regard to the Social Security and/or provident institutions covering the same costs with a view to their recovery.

C. Penalties

C.1 If the Insured Person fails to fulfil the above-mentioned obligations and this results in prejudice for the Insurer, the latter is entitled to claim a reduction in the benefits provided up to the amount of the prejudice it has suffered.

C.2 the Insurer may refuse coverage if, with fraudulent intent, the Insured Person has not fulfilled the above-mentioned obligations.

CESSATION OF THE COVER

The cover is terminated immediately and **automatically** in the event of:

- non renewal or withdrawal of Visa Corporate Plus, Visa Corporate Gold, Mastercard Corporate Plus and Mastercard Corporate Gold card ; or
- cancellation of the insurance contract between AirPlus International SA and the Insurer, on the date of the end of the contract following its cancellation.

LIMITATION PERIOD: the limitation period for any action arising out of the insurance contract shall be three (3) years as from the date of the event which gives rise to the action. However, if the claim is provided timely, the limitation period shall be suspended until the date the Insurer notifies in writing of his decision to grant or refuse the claim.

LANGUAGE: The Insured Person may communicate with the Insurer and obtain documents and/or other information in the language of the general terms and conditions.

SETTLEMENT OF COMPLAINTS AND DISPUTES: in case of any problem with regard to the application of the insurance policy, the Insured Person may contact the Insurer. The Insurer strives to treat the Insured Person in a courteous, fair and prompt manner. If despite the efforts of the Insurer, the Insured Person is not satisfied, it can address a complaint:

- By e-mail: belgium.complaints@aig.com
- By phone: 02 739 9690
- By fax: 02 739 9393
- By ordinary mail: AIG Europe S.A., Complaints, Boulevard de la Plaine 11, 1050 Brussels

The Insurer requests the Insured Person to mention the policy number and/or claim file number and, if available, the name of the contact person within the Insurer.



Ombudsman for Insurances

If the Insurer cannot provide the Insured Person with a satisfactory solution and if the complaint of the Insured Person relates to the insurance agreement, the Insured Person can also address the Ombudsman for insurances at de Meeussquare 35, 1000 Brussels - TEL 02 547 5871 - FAX 02 547 5975 – info@ombudsman.as – www.ombudsman.as.

As AIG Europe S.A. is a Luxembourg based insurance company, in addition to the complaints procedure set out above, you have access to Luxembourg mediator bodies for any complaints you may have regarding this Policy. Contact details of the Luxembourg mediator bodies are available on AIG Europe S.A.'s website: <http://www.aig.lu/>.

Filing a complaint does not prejudice the possibility of the Insured Person to start legal proceedings.

APPLICABLE LAW AND JURISDICTION: The present contract is governed by the Belgian law. Any dispute with regard to the implementation or the interpretation of the present contract will be subject to the exclusive competence of the Belgian courts.

PERSONAL DATA

How we use Personal Information

We are committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share their Personal Information with us.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) or (where we require it and are legally permitted to collect it) information about criminal convictions, as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assessments and decisions about the provision and terms of insurance and the settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis
- (Internal) audit

Sensitive Personal Information – In connection with the provision of insurance and the assessment of a claim, we will collect, use and disclose certain Sensitive Personal Information concerning your health and medical conditions. Where we do this, we will do so with your explicit consent and as otherwise permitted by law.



Sharing of Personal Information - For the above purposes, Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – You have a number of rights under data protection law in connection with our use of your Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to request that we correct inaccurate data, erase data, or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator in your country. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy Policy - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at <http://www.aig.be/privacy> or you may request a copy by writing to: Data Protection Officer, AIG Europe, Pleinlaan 11, 1050 Brussels or by email at: dataprotectionofficer.be@aig.com.

SUBROGATION: By paying the compensation, the Insurer becomes subrogated in the amount of the indemnity to the rights and actions of the Insured Person or the beneficiary/beneficiaries against the third parties responsible for the damage.

CONFLICTS OF INTERESTS: A rigorous policy for the management of conflicts of interest has been implemented by the Insurer in compliance with the legislation in force. Severe fairness and integrity standards are being applied in this regard. Additional information on the conflicts of interest policy can be requested in writing at AIG Europe S.A., Compliance Dept, Pleinlaan11, 1050 Brussels.

MULTIPLE INSURANCES

In case the Insured is bound with or takes out another insurance policy providing the same covers, terms and conditions than the present Policy, at the date of inception it has to be communicated to AIG Europe S.A., Belgium branch, with all the relevant details. In no case will sums not covered by Deductibles or Additional Deductibles be covered by the Conditions of the other contract.

In case indemnifiable losses occur, the Insurer shall contribute to the payment of the indemnity in proportion of the Insured Sum of each Policy. This indemnity shall not exceed the total amount of the losses suffered and the proportion regarding the present policy shall not exceed the maximum limit established in the Terms and Conditions.

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You can find our Privacy and AssurMifid policy on www.aig.be.



These assistance services apply only to Corporate Plus and Corporate Gold cards issued by AirPlus International SA

What to do in the event of a claim?

Telephone AirPlus International Travel Assistance:

+32 (3) 253 61 16, 24h/24.

Reverse charge calls are accepted.

GENERAL EXCLUSIONS

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Belgium or United States of America.

The aforementioned General Definitions, General Provisions and General Exclusions apply to all the guarantees set out below, even if they are not explicitly mentioned.