



**BRUSSELS AIRLINES MILES & MORE MASTERCARD – PREMIUM CARD
GENERAL CONDITIONS**

Policy underwritten for AirPlus International SA, Boulevard de l'Impératrice 66, 1000 Brussels, 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 Berlaimontlaan 14, 1000 Brussels, www.nbb.be.

INDEX

GENERAL DEFINITIONS, GENERAL PROVISIONS & GENERAL EXCLUSIONS – page 2
TRAVEL ACCIDENT INSURANCE – page 5
TRAVEL INSURANCE – page 10
STANDARD OF LIVING INSURANCE – page 18
PURCHASE PROTECTION INSURANCE – page 22
SAFE ONLINE INSURANCE – page 25
BEST PRICE GUARANTEE – page 28
LEATHER GOODS, KEYS AND PAPERS THEFT INSURANCE – page 31



GENERAL DEFINITIONS

Insurer: AIG Europe S.A., Belgian branch.

Policyholder: AirPlus International SA.

Card : A valid Brussels Airlines Miles & More Mastercard – Premium (BIN code 558783) issued by the Policyholder in Belgium or Grand Duchy of Luxembourg.

Cardholder: The physical person whose name states on the Card.

GENERAL PROVISIONS

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 96 90
- By fax: 02 739 93 93
- 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 58 71 - FAX 02 547 59 75 – 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.

GENERAL EXCLUSIONS

This policy will not cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses.

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.



TRAVEL ACCIDENT INSURANCE GENERAL CONDITIONS

1. DEFINITIONS

Insured Person :

- Cardholder,
- The Cardholder's family members, when travelling with him or separately, and only when the transportation costs have been paid with the Card.

If one Cardholder pays for the Trip for a group of Cardholders travelling together with him on the Insured Trip, each Cardholder would be covered as if the Trip was paid for with his/her own Card.

Partner : A person with whom, at the moment of the loss, the Insured Person is cohabitating in fact or in the eyes of the law, on the long term basis at the same place, and being domiciled at the same address. A certificate issued by the city "Officier de l'état civil / Ambtenaar van de burgerlijke stand" will suffice as proof.

Family :

- spouse or Partner of the Cardholder;
- natural or adopted children of the Cardholder or those of his/her spouse or Partner, who are dependant on the Cardholder or his/her spouse or his/her Partner and are less than 25 years old.

Third Party: Any natural or legal person with the exception of:

- the Insured Person himself;
- direct ascendants and descendants, as well as anyone living under the same roof as the Insured Person.

Abroad: Any country apart from:

- the country of residence of the Insured Person;
- the country of the usual place of residence of the Insured Person;
- the country of the usual place of work of the Insured Person;

Trip: The Insured Person's travelling during maximum 90 consecutive days to a destination Abroad.

Insured Trip: Any private and/or professional Trip for which 100% of the total transportation costs are paid with the Card.

Doctor: Doctor of medicine and/or member of an Association of Doctors legally authorised to practise medicine in the country in which the loss occurred and/or in which the treatment of the said loss took place.

Intoxication: Set of disorders due to a substance being introduced into the body of the Insured Person in which the measured pure alcohol and/or illegal substances content is higher than the maximum authorised content as stipulated by the legislation of the country in which the injury occurs.

Bodily Injury: Any physical impairment suffered by a person.

Material Damage: Any alteration, deterioration, accidental loss, and/or destruction of an object or substance, including any physical assault inflicted on an animal.

Accident: Sudden event occurring during the period of validity of the policy, the cause or one of the causes is external to the body of the Insured Person, and which causes the Insured Person Bodily Injury.

The following are likened to accidents, provided they occur to the Insured Person during the period of validity of the contract:

- injuries to health which are the direct and sole consequence of an insured Accident or of an attempt to rescue persons or property in danger;
- the inhalation of gas or fumes and the absorption of toxic or corrosive substances;
- muscular dislocations, distortions, strains and tears caused by sudden physical stress;
- frostbite, heat stroke, sunstroke;
- drowning;
- anthrax, rabies, tetanus.

War: Any armed opposition, declared or not, from one State to another State, an invasion or a state of siege. The following are notably likened to war: any warlike activity, including the use of military force, by any sovereign nation whatsoever to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

Civil War: Any armed opposition between two or more sections of one and the same State for ethnic, religious or ideological reasons.

The following are notably likened to a civil war: an armed revolt, revolution, riot, “coup d'Etat”, the consequences of martial law, the closing of borders ordered by a government or by local authorities.

Terrorism: The following acts are deemed to be acts of terrorism where they involve, Abroad and/or in the country of destination of the return trip, the closing of the airport (airports) and/or of the air space and/or of the terminal or of the station:

- any actual or threatened use of force or violence directed at or causing damage, injury, harm, or disruption;
- the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not;
- any act which is verified or recognised by the relevant government as an act of terrorism.

The following acts shall not be considered acts of terrorism:

- any act of insurrection, strike, riot, revolution criminal attack involving the use of nuclear, biological or chemical weapons;
- robberies or any other criminal act primarily committed for personal gain, and acts arising primarily as the result of prior personal relationships between perpetrator(s) and victim(s).

Hospital: An establishment approved by the Ministry of Public Health of the country of the injury and/or of the treatment and charged with the medical care of patients and of Accident Victims, with the exception of the following establishments: preventorium, sanatorium, psychiatric and rehabilitation hospitals, rest homes and other similar kinds of institutions.

Hospitalisation: Stay in Hospital medically necessitated for the medical treatment of an Accident or Illness, taking into account the hospital accommodation costs.

Rental Vehicle: Any motor vehicle with at least 4 wheels (including motor homes, trucks) used for the private transport of persons or goods, for a maximum period of 90 days. Long-term leasing or rental vehicles are not covered.

2. GENERAL PROVISIONS

Purpose of the contract: The purpose of this contract is to ensure that the Insured Person who travels by one of the means of public transport hereinafter indicated: aircraft, train, boat or bus, indemnities from the guarantees and amounts indicated below, provided that 100% of the costs of the trip have been paid, before departing on the trip, with the Card.

Guarantee is equally afforded for trips made in a Rental vehicle. The single or return trip from/to a place of embarkation with a view to making the Insured Trip is equally covered, even if this journey has not been paid for with the Card.

Risks Covered: In case of an Accident occurring whilst resorting to one of the aforementioned means of public transport, Insured Persons are covered in case of death or of permanent PPD (permanent partial disability), provided that the degree of such disability represents at least 25%, calculated in accordance with the Belgian Official Disability Scale (BOBI) in force on the day of the Accident.



1. Death as the result of an Accident

If the Insured Person dies within two years of the covered Accident from the exclusive after-effects of the aforesaid Accident, the sum specified in article 4 of the "Travel Accident" insurance, will be paid to the beneficiaries.

If after a period of at least six months has elapsed as from the Accident and after checking all the evidence and supporting documentation available, the Insurer has every reason to suppose that it is dealing with an injury which is included in the cover, the death of the Insured Person will then be regarded as an event likely to trigger the guarantees of this contract.

If following payment the Insured Person is found to still be alive, the beneficiary (-ies) will reimburse the Insurer with all the sums paid by the latter in the context of the payment of the indemnity.

The indemnities due in case of death and of permanent disability may not be accumulated.

2. Permanent disability as the result of an Accident

Where the Insured Person is the victim of a covered Accident which is included in the cover, and it is medically established that some permanent disability remains, the Insurer pays the capital sum calculated on the basis of the amount fixed in article 4 of the "Travel Accident" insurance, multiplied by the degree of disability fixed in accordance with the Belgian Official Disability Scale (BOBI) in force on the day of the Accident, without however exceeding a degree of disability of 100%. Where the degree of disability is equal to or exceeds 66%, the disability will be deemed to be total and indemnified at the rate of 100%.

The indemnity due with respect to any injury affecting limbs or organs which are already disabled or which have lost functionality will be based only on the difference existing between the condition before and after the Accident. The evaluation of injuries to a limb or organ cannot be increased by the pre-existing disabled condition of another limb or organ.

In case the consequences of an Accident are made worse by disabilities, illnesses, causes or circumstances independent to the Accidental event, the indemnity cannot be higher than the indemnity which would have been due had the Accident affected a healthy body.

The indemnity is awarded based on the conclusions of the Doctor appointed by the Insurer or on the medical certificates submitted where no Doctor has been appointed.

If stabilisation has not yet taken place 12 months after the Accident, the Insurer may, at the request of the Insured Person, pay a provision equal at most to half of the minimum indemnity which is likely to be awarded to the latter on the day of such stabilisation.

The indemnities due in case of death and of permanent disability may not be accumulated.

3. Repatriation of the body following an Accidental Death

The Insurer reimburses the costs relating to the repatriation of the mortal remains of the Insured Person to a cemetery or crematorium in his former country of residence or usual place of domicile; this includes post mortem treatment, embalming and the custom fees necessitated for the repatriation. Funeral expenses and burial costs are not covered.

The Insurer is not responsible for organising the repatriation.

4. Search and rescue costs

The Insurer shall meet the justified costs of search and/or rescue, up to the limit of the sum specified in in article 4 of the "Travel Accident" insurance, if the Insured Person is immobilised as the result of Bodily Injury.

Age limit: The Insured Person may be no more than 70 years of age upon conclusion of the contract.

The cover shall terminate as of right on the day on which the Insured Person reaches 75 years of age.



Beneficiaries in the case of death: The Insured Person may designate another beneficiary by writing to the Insurer. In case of the death of the Insured Person, the beneficiaries shall be as follows:

- designated beneficiary, failing this;
- the spouse who is not legally separated of the Insured, failing this
- the Insured's Partner, failing this
- the Insured's children, failing this
- the Insured's grandchildren, failing this
- the Insured's parents, failing this
- the brothers and sisters of the Insured, failing this
- the Insured's beneficiaries, with the exception of the State.

Creditors, including the tax authorities, may not claim entitlement to indemnity.

Flight risk: The insurance extends to the use as passenger of any aircraft or helicopter duly authorised for the transport of persons, provided that the Insured Person is not one of the crew and that he does not carry out during the flight any professional or other activity relating to the actual plane or flight.

Exclusions

The guarantees shall not apply in the following cases: death or invalidity following

- **War, Civil war.**
However, the Insured Person shall continue to benefit from guarantee for 14 calendar days as from the start of hostilities whenever he is surprised by such events whilst Abroad and provided that he does not actively participate in the same.
- **Intentional act and/or incitement and/or obviously reckless act, unless this is a deliberate attempt to rescue persons and/or animals and/or goods;**
- **Intoxication;**
- **Suicide or attempted suicide;**
- **Nuclear reactions and/or radioactivity and/or ionising radiation, except where incurred during medical treatment which is necessary as the result of an injury included in the cover;**
- **Sport, including training, practised professionally and/or under a paid contract, as well as the following sports practised as an unpaid amateur: aerial sports (such as, among others, skydiving, paragliding, hand gliding, microlight, ...), except ballooning;**
- **Mountain climbing, rock-climbing, hiking away from well-used and/or officially marked paths.**
- **Big game hunting;**
- **Ski jumping, downhill skiing and/or snowboarding and/or cross-country skiing, all practised away from well-used and/or officially marked pistes;**
- **Caving, rafting, canyoning, bungee jumping, deep sea diving with self-contained breathing apparatus;**
- **Martial arts and combat sports, such as, among others, karate, judo, boxing, taekwondo, etc. ;**
- **Competition with motorised vehicles, with the exception of tourist rallies where no time and/or speed standard is imposed;**
- **Participation in and/or training and/or preparatory trials for speed competitions;**
- **Bets and/or dares - fighting and/or tussling, except in legal self-defence (a report from the authorities will serve as proof);**
- **Disorder and measures taken to combat it, unless the Insured Person and/or the beneficiary proves/prove that the Insured Person did not actively take part.**



Indemnity

The indemnities are determined based on the medical and factual data available to the Insurer. The Insured Person and/or the Beneficiary (-ies) have the right to accept or refuse the indemnity. In the latter case, he/they must inform the Insurer of his/their objections by means of registered letter sent within 90 calendar days of receipt of the advice. All indemnities are payable without interest following acceptance by the Insured Person and/or the Beneficiary (-ies). In case of refusal by the Insurer, any claim to indemnity shall lapse three years after communication.

3. DAMAGE NOTIFICATION

- a) The Policyholder and/or the Insured Person must notify the Insurer as soon as possible of the occurrence of the claim by means of the documents made available. The Insurer must be informed immediately of any fatal Accident.
- b) The Insured Person must provide the Insurer without delay with all useful information and meet the requests which are made to him, to determine the circumstances and scope of the claim.
- c) The Insured Person must take all reasonable measures to avoid and to reduce the loss and the consequences of the loss.

If the Insured Person fails to meet one of the obligations cited under sub-paragraphs a) b) & c), and as a result of which, the Insurer suffers a prejudice, the latter shall be entitled to claim a reduction in the indemnity payable by it, and this up to the limit of the detriment suffered by the Insurer.

The Insurer may refuse to provide its guarantee if the Insured Person has, with fraudulent intent, failed to meet the obligations set out under sub-paragraphs a) b) & c).

4. INTERVENTION LIMITS

The insured amounts, defined above, are the maximum payable per Insured Person on the basis of this policy, for any covered loss, whatever the number of Cards used. The total indemnity payable by the Insurer will never amount to more than 5.000.000 EUR, following a same event.

DEATH AS THE RESULT OF AN ACCIDENT-	250.000 EUR
PERMANENT INVALIDITY AS THE RESULT OF AN ACCIDENT -	250.000 EUR
BODY REPATRIATION FOLLOWING ACCIDENTAL DEATH,	
SEARCH AND RESCUE COSTS -	30.000 EUR
MAXIMUM INDEMNITY PER INSURED PERSON -	280.000 EUR

5. GENERAL PROVISIONS

Territorial scope of the guarantee: Worldwide.

Loss Adjustment / Payment of the Indemnity: An expert or an investigator can be sent by the Insurer to examine the circumstances of the claim and to determine the amount of the indemnity.

Effective Date of the guarantees: The guarantees of this contract shall take effect on the date of the issuance of the Card or later, depending on conditions of each guarantee; no guarantee, however, take effect before the inception date of this insurance contract underwritten for the Policyholder by the Insurer. Travels booked or paid before the date of issuance of the Card or before the inception date of the insurance policy will not be covered by this insurance policy (even if the claim occurs after these dates).

Termination of guarantees: Notwithstanding contrary clause in the present document, all coverages will be terminated immediately and will expire automatically in case of non-renewal or termination of the Card or if this insurance policy underwritten for the Policyholder by the Insurer terminates for any reason whatsoever.



TRAVEL INSURANCE GENERAL CONDITIONS

1. DEFINITIONS

Insured Person:

- Cardholder,
- The Cardholder's family members with the same domicile address as the Cardholder, when travelling with him or separately, provided that minimum 75% of the Insured Trip was paid with the Card.

Partner: A person with whom, at the moment of the loss, the Cardholder is cohabitating in fact or in the eyes of the law, on the long term basis at the same residence, and being domiciled at the same address. A certificate issued by the city "Officier de l'état civil / Ambtenaar van de burgerlijke stand" will suffice as proof.

Family:

- spouse or Partner of the Cardholder;
- natural or adopted children of the Cardholder or those of his/her spouse or Partner, aged under 25.

Insured Trip: Any private and/or professional trip from the country of domicile or usual residence of the Insured Person, further than 100km from the domicile and/or the usual residence of the Insured Person, for a period of maximum 90 consecutive days, provided that minimum 75% of the costs for the transport and accommodation were paid with the Card.

Card payment: Any payment made:

- by signing a (paper) receipt slip,
- by authorising a transaction by means of a secret code (pin code) of the Card, or
- by communicating or making available the number of the Card or a (digital) reference of the Card accepted by the issuer of the Card, which is duly recorded, together with the date, in writing or by computerised means (the Internet, or any form of e-commerce) by the service-provider, airline company or travel agency.

Illness: Any impairment in health, confirmed by an approved medical authority that prohibits making the reserved trip.

Accident : Any physical injury which was not intentional suffered by the Insured Person, resulting from a sudden action due to an external cause, confirmed by an approved medical authority.

Major Property Damage: Any property damage (fire, theft, water damage, explosion, subsidence) affecting the property where the Insured Person is domiciled or one of the operating seats of the company for which the Insured Person is director or manager and whose seriousness imperatively requires the presence of the Insured Person in order to take preservation measures, or when the Insured Person's presence is requested by the police.

Abroad: Any country apart from:

- the country of residence of the Insured Person;
- the country of the usual residence of the Insured Person.
- the country of the usual place of work of the Insured Person;

The country of residence: the place where the Insured Person is registered as a principal residence on the population registers and where he or she has his or her principal residence there.

The country of usual residence: a country in which the Insured Person resides or intends to reside for a period of at least 90 days in any consecutive 12-month period.

2. GUARANTEE TRAVEL CANCELLATION/INTERRUPTION

2.1. Insured guarantees

On condition that minimum 75% of the payment for the Insured Trip was made using the Card, the Insurer shall reimburse the portion of the non-recoverable expenses of the Insured Person in case of cancellation, modification or curtailment of an Insured Trip up to **5.000 EUR** per trip, per Card per period of 12 consecutive months and per Family under the following conditions:

- in case of cancellation or modification of the Insured Trip, the Insurer shall reimburse the non-recoverable amounts contractually provided in the terms and conditions. However, if modification or cancellation occurs more than 60 days before the date of departure, the indemnity would be limited up to the sum of 500 EUR per trip, unless the reasons for cancellation or modification of the Insured Trip remain valid after this 60-day period.
- in case of interruption of the Insured Trip, the Insurer shall reimburse only the portion of the indemnities that were not used, calculated on a pro rata temporis basis. The costs for new trip and/or for a new transport are not reimbursed.

2.2. Conditions of the guarantee

The guarantee is due to the Insured Person only in the following cases:

- Illness, Accident or the death of the Insured Person, his/her spouse, Partner, Family, ascendants in the direct line (up to 2nd degree), descendants in the direct line (up to 2nd degree), brothers, sisters, relatives by marriage (up to 2nd degree), relatives by affinity (up to 2nd degree of the spouse), family of the Partner (up to 2nd degree), travelling companions named on the registration form, partners, or any other persons called to temporarily replace the Insured Person in the context of his/her professional activities (e.g.: doctors, pharmacists, etc.). **It is stipulated that the persons mentioned above will not under any circumstances receive compensation if they do not qualify as Insured Persons, even if the non-recoverable expenses of this person were paid or advanced by the Insured Person with the Card of the Insured Person.**
- Major Property Damage before or during the Insured Trip.

2.3. The guarantee shall come into effect:

The guarantee, subject to the limits provided, will come into effect as from the date of paying for or booking of the Insured Trip, on condition that 75% of the costs of the Insured Trip were paid with the Card.

For Travel cancellation guarantee, this will come into effect:

- in case of Illness, Accident or death, as from the moment of paying for the Insured Trip.
- in case of Major Property Damage, maximum 10 days prior to the date of departure of the Insured Trip.

For travel interruption guarantee, this will come into effect on the day on which the Insured Trip begins.

2.4. Cessation of the guarantee

- **Travel cancellation guarantee** will cease at 12 a.m. on the day following the date of departure on the Insured Trip.
- **Travel curtailment guarantee** will cease once 90 days have elapsed following the date of departure on the Insured Trip and under all circumstances on the date of the return of the Insured Person to the country of the domicile or usual place of residence.

2.5. Exclusions from the guarantee

It is expressly stipulated that the guarantee will not apply in case of:

- **cancellation or interruption due to failure of the Insured Person, for whatsoever cause, to present one of the essential documents required for the Insured Trip in question, such as passport, visa, travel tickets, vaccination record, etc.**
- **cancellation or interruption of the Insured Trip by the transport operator or travel organiser for any reason whatsoever.**



The guarantee cancellation and interruption of the Insured Trip will not apply in the circumstances listed below:

- travel booked or made as part of a professional or commercial activity;
- psychological illnesses;
- non-stabilised illnesses diagnosed prior to paying for the Insured Trip and liable to sudden complications prior to departure;
- the consequences of the use of drugs or medicines that have not been medically prescribed;
- accidents occurring in the course of trials, races or competitions necessitating the use of motorised machines;
- accidents resulting from the use of flying machines (apart from aircraft approved for carrying passengers);
- the consequences of civil or foreign war, riots, uprisings or civil disturbances in which the Insured Person has played an active part, unless he/she was performing his/her professional duties;
- for the travel interruption guarantee, benign illnesses or injuries which can be treated on-site;
- 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 carrier, the World Health Organisation or the Ministry for Foreign Affairs in the country where the Policyholder is established gave a negative travel advice;
- trips made against medical advice;
- for professional or commercial purposes.

Under no circumstances shall the Insurer reimburse a cancellation insurance premium paid by the Insured Person to the Tour Operator or the travel agency.

3. GUARANTEE LUGGAGE DELAY

3.1. Insured Guarantees

On condition that minimum 75% of the costs of the Insured Trip were paid with the Card, the Insurer shall reimburse up to **250 EUR** per trip, after the presentation of supporting documents, the urgent essential replacement purchases made by the Insured Person whose Luggage has been lost or delayed during an Insured Trip, provided that the registered Luggage, entrusted to the transporter in the scope of the transportation contract, is delivered to the Insured Person with more than 4 hours delay following the arrival of the Insured Person to an airport or terminal Abroad.

If the registered luggage is not delivered to the Insured Person within 48 hours following the arrival of the Insured Person to an airport or terminal Abroad, the luggage will be considered as definitely lost and the Insurer will refund the Insured Person up to **500 EUR** on top of the above-mentioned amount for the urgent essential replacement purchases.

3.2. Conditions of the guarantee

To benefit from this guarantee, the Insured Person must declare the delay of the Luggage with the transporter in order to receive a Property Irregularity Report and provide it to the Insurer.

The maximum insured amounts cover only the reasonable expenses incurred by the Insured Person for the urgent essential replacement purchases, up to the maximum amount abovementioned in article 3.1.

The expenses must be made at the destination and prior to the restitution of the Luggage to the Insured Person, within maximum 4 days following the arrival.

The guarantee comes on top of any other indemnity received from the transporter. The indemnity is based on the real expenses incurred by the Insured Person. The coverage does not allow the payment of a lump sum indemnity. The present insurance covers the inconvenience related to the Luggage delay and does not cover the content of the delayed Luggage.

3.3. Exclusions from the guarantee

- War, civil war;
- Confiscation, seizure, requisition or destruction by or at the instruction of an administrative authority;
- Intentional act of the Insured Person;
- Strikes announced in the country of domicile of the Insured Person prior to the departure on the Insured Trip;
- Luggage delayed on a flight or train connection taken by the insured to return to his country of domicile or usual residence;
- Failure to obtain and provide the Property Irregularity Report to the Insurer;
- Luggage delayed on a trip between the domicile and/or the usual place of residence and the usual place of work of the Insured Person.

4. GUARANTEE LUGGAGE

4.1. Definitions

Luggage: Travelling bags, suitcases and hand luggage including their contents insofar as these contain clothes, personal possessions and objects for private use that were taken by the Insured Person during an Insured Trip or were acquired during that Insured Trip.

The following is not considered as Luggage:

- animals;
- plants;
- merchandise;
- test and/or promotion material;
- scientific material;
- material for research;
- building materials;
- furniture;
- motor vehicles;
- trailers;
- caravans;
- motor homes;
- boats and aircraft;
- items for professional use.
- mobile phones

Valuables (and accessories):

- photographic material; camera, video, DVD and audio equipment;
- telescopes; binoculars; shotguns;
- jewellery; watches; jewels; goods partially or entirely made of precious metal; precious stones; pearls; furs; leather clothes;
- portable computers; hardware and software; telephone sets;
- in general objects with an initial purchase price higher than 2.500 EUR incl. VAT.

4.2. Benefit

The Insurer will compensate the Insured Person up to the a maximum of **750 EUR** per Insured Person and per claim, if the registered Luggage entrusted to a carrier in the framework of a contract of carriage, is lost, stolen, partially or totally destroyed during the Insured Trip, on condition that 75% of the costs of the Insured Trip were paid with the Card.



4.3. Conditions

The Insured Person must take all reasonable steps to recover the Luggage.

No claim can be filed for damages caused by moth, vermin, wear and tear, atmospheric or climatic factors, mechanical or electrical failure or a process of cleaning, repair, or alteration or improper handling of the object.

No claim can be filed for damages not reported to the local police or the carrier.

No claim can be filed in case of forfeiture, seizure or destruction of Luggage on the orders of customs or other administrative body.

No claim can be filed for loss of bank notes, current coins, bills, mail and money orders, checks, meal vouchers, bank cards, travel cards, debit cards and credit cards, gift certificates and coupons taken by the Insured Person during the Insured Trip or acquired during that Insured Trip.

4.4. Compensation

Damage during the first year following the date of purchase: 75% of the purchase price. As from the second year following the date of purchase, the compensation will be diminished by 10% every year.

The compensation of Valuables and accessories is limited to 300 EUR per claim and per Insured Person.

If the Luggage is definitely lost, the indemnity under the Luggage Delay cover will be deducted from the indemnity under Luggage cover.

4.5. Exclusions

Are excluded from this cover:

- external prostheses;
- intent and/or incitement and/or an apparent reckless act, unless it concerns a justified attempt to save people and/or animals and/or goods;
- personal papers; trade documents; administrative papers; miscellaneous securities;
- normal wear and tear, age, intrinsic defect to the object; destruction inflicted by moths or vermin or by a method of cleaning, repair or restoration;
- leakage of liquid, greasy or corrosive substances;
- loss of the object after abandoning, neglect and loss of objects, improper handling of the object by the Insured Person and/or the beneficiary;
- damage of and by fragile objects;
- confiscation, seizure or destruction at the instruction of an administrative authority;
- unless unexpected and unanticipated: war, civil war, rebellion, strike, attacks and radioactive radiation.

5. GUARANTEE TICKET UPGRADE

5.1. Benefits

On condition that 75% of the costs of the Insured Trip were paid with the Card, the Insurer undertakes to pay all extra costs incurred by the Insured Person as the result of upgrading a travel ticket (single or return trip) to a similar or higher class of comfort up to a maximum of **2.500 EUR** per trip (regardless of the number of people).

5.2. Conditions

This cover applies in the following cases:

- if departure from any point of departure for a confirmed flight or specific and regular train connection is delayed by 4 hours or more or is cancelled, and if the carrier fails to offer to the Insured Person any other means of transport within 4 hours of the time of departure scheduled for the flight or train connection in question;
- if the Insured Person is not allowed to board a confirmed flight or specific and regular trains connection as the result of overbooking and if the carrier fails to offer to the Insured Person any other means of transport within 4 hours of the time of departure scheduled for the flight or train connection;



- if the Insured Person misses his/her next journey at the transfer point as the result of the late arrival of a flight or of a specific and regular train connection, and if the carrier fails to offer to the Insured Person any other means of transport within 4 hours of the actual time of arrival of the first flight or train connection.

This cover will only come into effect if the ticket upgrade is paid with the Card.

The benefit comes on top of any other indemnity received from the transporter. The refund is based on the real expenses incurred by the Insured Person.

5.3. Exclusions

The benefit does not apply if the Insured Person has refused the alternative means of transport provided by the carrier within 4 hours following the original departure time of the regular flight.

6. GUARANTEE MISSED CONNECTION

6.1. Benefit

On condition that 75% of the costs of the Insured Trip were paid with the Card, the Insurer shall reimburse up to **200 EUR** per trip (regardless the number of travellers) the expenses made by the Insured Person for meals, refreshments, accommodation expenses, transfer from and to the airport or the terminal, provided that the Insured Person misses a connection because of a delay exceeding 4 hours of a connecting regular flight.

6.2. Conditions

The cover is granted in case of a late arrival of the connecting regular flight causing the Insured Person to miss the onward connecting regular flight.

Only the regular flights of airlines whose timetable is published are subject to this cover.

The benefit comes on top of any other indemnity received from the transporter. The refund is based on the real expenses incurred by the Insured Person.

6.3. Exclusions

- **the delays of the non-regular flights (including “charter flights”);**
- **no refund will be due for the delay of less than 4 hours from the time of initial arrival of the scheduled connecting flight;**
- **no refund will be due for the delay resulting from a strike or war;**
- **no refunds will be payable in case of temporary or permanent withdrawal of an airplane ordered by the airport authorities, or the authorities of civil aviation, or**
 - **a similar body and which has been announced prior to the departure date of the trip;**
- **no refund will be due if comparable alternative transport has been made available by the transporter within 4 hours after actual connecting flight arrival of a pre-booked and confirmed regular flight.**

7. WHAT TO DO IN CASE OF A CLAIM

The Insured Person must declare the claim (date, place, facts) as soon as possible to AIG, Boulevard de la Plaine 11, 1050 Brussels. The claim notification form can be found on www.airplus.com.

For other questions and contact details, we invite you to consult the website www.airplus.com.

The form has to include all the documents listed hereunder regarding the claim.



The Insured Person has to notify the competent authorities with transporter and/or the authority that the Luggage has not arrived at the destination in order to receive the Property Irregularity Report.

The indemnity comes on top of any other indemnity received from the transporter and is based on the real expenses incurred by the Insured Person. The sums payable under this insurance for the justified claim will be credited to the bank account indicated by the Insured Person.

In all cases, the Insured Person has to provide the Insurer with:

- the filled in and signed claim notification form indicating the time and circumstances of the claim;
- the proof of payment with Card, through a copy of the statement of expenses of the Card (if other items are recorded on the statement of expenses, these can be made anonymous);
- the proof that the duration of the Insured Trip does not exceed 90 consecutive days.

The Insured Person must also provide the Insurer with the following documents:

For the “Travel cancellation” guarantee

- in case of a travel cancellation:

- the confirmation of the reservation;
- the proof of the cancellation and/or modification of the Insured Trip.

-in case of travel curtailment:

- the confirmation of the reservation;
- the declaration of the travel agency confirming the number of non-used days.

- in case of Death:

- the death certificate.

- in case of Illness:

- the medical certificate.

- in case of Major Property Damage:

- the proof document emanating from local authorities (police report, firemen declaration, etc).

- in case of “Luggage Delay”:

- the Property Irregularity Report;
- the original of receipts/tickets of the clothes and essential articles of the Insured Person;
- detail of the indemnity paid by the transporter if applicable.

- in case of Luggage loss:

- Property Irregularity Report;
- PV (in case of theft);
- proof of possession of the goods claimed, the date of purchase and the purchase price;
- proof of possession of the Valuables by means of a receipt or the original deposit;
- original invoices / receipts, if available;
- the detail of the compensation paid by the carrier.

- in case of missed connection:

- certificate from the carrier,
- original of receipts/tickets,
- detail of the indemnity paid by the carrier if applicable.

- in case of ticket upgrade:

- certificate from the carrier;
- proof that the additional travel costs were paid with the Card.



8. GENERAL PROVISIONS

Territorial scope of the guarantee: The coverage is applicable worldwide with the exception of 100 kilometre radius from the place of domicile or usual residence of the Insured Person.

Loss Adjustment / Payment of the Indemnity: An expert or an investigator can be sent by the Insurer to examine the circumstances of the claim and to determine the amount of the indemnity.

Effective Date of the guarantees: The guarantees of this contract shall take effect on the date of the issuance of the Card or later, depending on conditions of each guarantee; no guarantee, however, take effect before the inception date of this insurance policy underwritten for the Policyholder by the Insurer. Travel booked or paid before the date of issuance of the Card or before the inception date of the insurance policy will not be covered by this insurance policy (even if the claim occurs after these dates).

Termination of guarantees: Notwithstanding contrary clause in the present document, all guarantees will be terminated immediately and will expire automatically in case of non-renewal or termination of the Card or if this insurance policy underwritten for the Policyholder by the Insurer terminates for any reason whatsoever.



STANDARD OF LIVING INSURANCE GENERAL TERMS AND CONDITIONS

1. DEFINITIONS

Insured: the Cardholder in his/her capacity of a private individual.

Permanent disability: permanent loss or loss of function of one or more bodypart(s) and/or organs or a part thereof.

Monthly basket: the sum of all purchases paid for in the course of the past month by means of a Card issued in Belgium. These purchases must be mentioned on the monthly statement, with the exclusion of money withdrawal.

Monthly average basket: the average of the monthly baskets of the six (6) last calendar months, which were mentioned on the last six (6) monthly statements. If the insured is a Cardholder for less than six (6) months, the average will be calculated based on the time period between the first purchase made with the insured card and the date of the covered loss.

Beneficiary: for the coverage 'death: the surviving spouse or partner of the Insured who is not legally separated or divorced, in the absence thereof the Insured's legitimate recognized or adopted children, in equal shares among themselves, in the absence thereof the legal heirs of the insured. For the other coverages: the insured.

Partner: the person with whom the Insured forms an actual or legal life together on the date of the loss permanently lives together at the same place of residence and is domiciled at the same address. An original proof issued by the Civil Registry Officer shall serve as proof.

Accident: In these insurance terms and conditions, accident is understood to mean; a sudden external event occurring during the term of this insurance that affects the insured, and results in a medically determinable trauma to the body of the insured, or causing him to die.

A "sudden external event that affects the insured " is also understood to mean:

- a) the involuntary coming in contact with or entering the body of the insured of:
 - a liquid, solid, vapor or gaseous substance and/or an object;
 - germs and/or allergens present in or on a substance or object referred to above;
 - germs and/or allergens in an injury caused by an accident;
- b) complications and exacerbations, including wound infection and blood poisoning occurring during/as a result of the treatment of an accident injury;
- c) intentionally inflicted injury to the body of the insured by a person other than the insured and who is not an interested party for payment and/or indemnification;
- d) suffocation, drowning,
- e) hardship suffered by the insured as a result of involuntary seclusion from the outside world;
- f) sprain, strain, dislocation and/or tearing of muscular and/or tendon tissues;
- g) legitimate self-defense, as well as rescue or attempt to rescue oneself, others, animals or goods.

With regard to the above points, the nature and position of the injuries shall be determined by a doctor.

2. COVERAGE

2.1. Coverage in the event of death

In the event of death of the Insured as the sole and direct result of a covered accident, within a period of 365 days, the sum determined in the General Terms and Conditions will be paid.

2.2 Coverage in the event of permanent disability

- a. If a physiological disability recognized as definitive occurs within a period of two years after the accident, the Insurer pays the Insured the insured sum determined in the Specific Terms and Conditions, calculated on the covered sum, in proportion to the degree of disability determined in accordance with the Official Belgian Barema of Invalidity (*Officieel Belgisch Barema der Invaliditeiten / Barème Officiel Belge des Invalidités*) in force on the day of the accident, insofar as the disability is permanent, namely more than 66%.
- b. Injuries to already defective or functionally inoperative limbs or organs are only indemnified for the difference between the condition before and after the accident.
- c. The estimate of the injuries of a limb or an organ may not be increased by the pre-existing deficient condition of another limb or organ.

2.3 Coverage in the event of hospitalisation

In the event of a covered accident, the Insurer will indemnify an amount determined in the General Terms and Conditions, following the fifth night of hospitalisation, provided that the hospitalisation is the direct result of an accident. Multiple hospitalisations as a result of the same cause are considered as one hospitalisation, provided the time between the admissions is no longer than 90 days.

2.4. Calculation of indemnity

The Insurer pays the Insured a sum equal to ten (10) times the Monthly average basket in the event of:

- Death as a result of an Accident;
- Complete Permanent Invalidity recognized by a doctor.

In the event of hospitalisation as a result of an accident, the Insurer pays the Insured a sum corresponding to:

- One (1) time the Monthly average basket in case of hospitalization of minimum five (5) nights and less than thirty (30) nights. For each extension of minimum thirty (30) nights, the Insurer pays the Insured one (1) time the Monthly average basket. The maximum indemnity is three (3) times the Monthly average basket.

In any case, the Insurer's commitment is limited to the coverage limit mentioned under article "Coverage limit" of the present contract.

Exclusions

No right to payment exists if the accident is the result of is or in connection with:

- **any nuclear reaction other than the medical treatment of an Insured;**
- **war- and war related risks;**
- **intent of an Insured or a Beneficiary or as a result of any attempt by the Insured to kill himself/herself or the deliberate infliction of physical injury on himself/herself;**
- **intentionally committing or participating in a crime;**
- **accidents caused by ionizing radiation other than medically necessary radiation;**
- **a venture in which life or body is deliberately recklessly put in danger, unless this venture was reasonably necessary in legitimate self-defense or in attempts to save the Insured, others, animals or property;**
- **accidents resulting from the operation of two-wheeled motor vehicles with a cylinder capacity exceeding 150cc;**
- **accidents caused by the use of alcoholic beverages, psychopharmaceuticals, addictive substances and/or other medications unless used as prescribed by a doctor;**
- **a disease (including osteoporosis), ailment or defect of the Insured;**
- **professional sports practice;**
- **fighting-, air- and/or mountain sports;**
- **participation in training courses and/or competitions, including preparations of these, with bicycles and/or motor vehicles. The exclusion of races for motorized vehicles or resp. motorcycles does not apply to tourist rallies for which no time or speed standard is imposed.**



Coverage Limit

In any case, our commitment is limited to **1.000 EUR** per Insured, per month and to **10.000 EUR** per Insured, per consecutive period of 12 months, for the totality of the coverages.

3. WHAT TO DO IN THE EVENT OF A LOSS

Procedure and obligations of the Insured:

In the event of a loss: If the Insured has suffered an accident as a result of which a claim to payment and/or indemnification can arise, the following obligations apply.

Beneficiaries are obliged to provide all information regarding an accident or the consequences thereof, requested by or on behalf of the Insurer, and to cooperate in any investigation into an accident or the consequences thereof (including the cause of death in the event of a fatal accident), initiated by or on behalf of the Insurer, under penalty of loss of rights under the policy.

In the event of death: The Beneficiar(y)(ies) is/are obliged to inform the Insurer at least 48 hours before the funeral or cremation, under penalty of loss of rights under the policy.

In the event of Permanent disability: Any accident that causes or may cause disability must be notified to the Insurer in writing as soon as possible.

The declaration must contain all the necessary information concerning the nature and cause of the permanent disability, and must mention the name of the doctor in charge of treatment.

A medical certificate will be attached to the declaration, indicating the degree of invalidity.

In case of hospitalisation: Within 30 days after the date of admission to the hospital, a declaration to this effect must be sent to the Insurer. The Policyholder is obliged to provide all information about a hospitalisation, requested by or on behalf of the Insurer, and to cooperate in any investigation concerning a hospitalisation, under penalty of loss of claims for payment under this insurance.

Upon termination of hospitalisation, a copy of a statement from the hospital, stating the start- and end date of the admission, must be submitted.

The Insurer reserves the right to initiate an investigation or to appoint an expert to assess the circumstances of the loss.

Claim declaration form: The Insured will submit the fully completed and signed claim declaration form together with the required documents to AIG, Pleinlaan 1, 1050 Brussels. The claim declaration form can be downloaded from the site www.airplus.com.

Additional information and contact details can be found on the website www.airplus.com.

The Insurer may ask the Insured for any other documents or information necessary for the validation of the claim and the assessment of the indemnity.



4. GENERAL PROVISIONS

Territory of the coverage: worldwide.

Expertise / payment of indemnity: the Insurer can send an expert or inquirer to investigate the circumstances of the loss and evaluate the amount of indemnity.

Start date of the coverage: The guarantees of this contract shall take effect on the date of the issuance of the Card or later, depending on conditions of each guarantee; no coverage, however, take effect before the inception date of this insurance contract underwritten for the Policyholder by the Insurer. Items paid before the date of issuance of the Card or before the inception date of the insurance policy will not be covered by this insurance policy (even if the claim occurs after these dates). **End of the coverage:** the coverage is immediately and automatically terminated when the card is not renewed or is terminated or in the event the insurance contract underwritten between by the policyholder and the Insurer is terminated, on the date on which the insurance contract ends following termination.



**PURCHASE PROTECTION INSURANCE
GENERAL CONDITIONS**

1. DEFINITIONS

Insured Person: the Cardholder of a valid Card, charged in Euro, who is acting exclusively in the context of his/her private life.

Insured Item: each moveable item for private use with a value equal to or higher than 50 EUR incl. taxes per item, that was bought new by the Insured Person and that was completely paid with his Card, **except for the following items:**

- **jewellery;**
- **fur;**
- **living animals;**
- **plants;**
- **perishable goods or drinks;**
- **money;**
- **foreign currencies;**
- **traveller cheques;**
- **transport documents and any negotiable title;**
- **new or used motor vehicles;**
- **goods intended exclusively for professional use,**
- **firearms and their ammunition**

Loss: Aggravated Theft of an Insured Item or the Accidental Damage to an Insured Item.

Aggravated Theft: Theft through Break In or theft with Assault.

Break In: forcing, damaging or destruction of any kind of locking mechanism.

Assault: any physical threat or physical violence by a Third Party with the purpose of stealing the Insured Item from the Insured Person.

Accidental Damage: any destruction, partial or complete deterioration due to a sudden and external event.

Jewellery: any object destined to be worn by a person, partly or completely made of precious metals or stones.

Third Party: any person other than the Insured Person, his/her spouse or legal cohabitant, ascendant in the direct line or descendant in the direct line.

2. GUARANTEE

Object of the guarantee : the Insurer shall reimburse the Insured Person within the following limits:

- in case of Aggravated Theft of the Insured Item: for the purchase price of the stolen Insured Item.
- in case of Accidental Damage (breaking, breakage) of the Insured Item: for the repair costs of this item or, if such costs exceed the purchase price of the Insured Item or when it cannot be repaired, the purchase price of the Insured Item.

Duration of the guarantee: the guarantee is acquired to the extent that the Aggravated Theft or Accidental Damage occurs **within 90 days**, starting on the day of purchase or on the day of delivery of the Insured Item.



Exclusions:

Are excluded from guarantee loss resulting from:

- an intentional act or deception by the Insured Person or one of his/her relatives (Spouse, Partner, ascendant in the direct line or descendant in the direct line);
- mysterious disappearance or loss of the Insured Item;
- damage of the Insured Item caused during transport or during processing by the vendor;
- theft other than Aggravated Theft (eg: simple theft is excluded);
- normal wear or gradual degradation of the Insured Item due to erosion, corrosion, humidity or the effect of heat or cold on the Insured Item;
- a inherent vice to the Insured Item;
- non respect of the operating instructions, defined by the producer or distributor of the Insured Item;
- defects of fabrication of the Insured Item;
- war or civil war;
- embargo, confiscation, seizure or destruction by order of a government or public authority;
- radioactivity: disintegration of the atomic nucleus or ionizing radiation;
- items purchased for re sell.
- theft of motorized vehicle or theft inside a motorized vehicle.

Amount of the guarantee: 2.000 EUR per Insured Person per claim and per period of 12 consecutive months. Accidental Damage or Aggravated Theft of a pair or a set of Insured Items is considered as one single loss.

Threshold: The guarantee shall only apply for the Insured Item of the minimum purchase value of **50 EUR** incl. taxes per Insured Item.

Set: When the Insured Item is a part of a set and after a claim it appears that the individual item is irreplaceable or irreparable, the guarantee will be applicable to the entire set.

Payment of the Indemnity: When a claim has been notified in accordance with the below mentioned terms and if the Insurer determines that this claim is covered, the Insurer shall pay the indemnity to the Insured Person within 15 calendar days after the date at which the Insurer has confirmed coverage.

3. WHAT TO DO IN CASE OF A CLAIM

In case of a claim : After determining the Aggravated Theft or the Accidental Damage of an Insured Item, the Insured Person has to immediately:

- in case of Aggravated Theft : lodge a complaint with the police within 48 hours;
- in all cases : declare the claim (date, place, facts) to AIG Europe S.A., Belgian branch, Boulevard de la Plaine 11, 1050 Brussels. The claim notification form can be found on www.airplus.com.

For other questions and contact details, we invite you to consult the website www.airplus.com.

The form has to include all the documents listed hereunder regarding the claim.

Proofs of Claim:

In each case, the Insured Person has to provide the Insurer with:

- card statement justifying the purchase price of the Insured Item with the Card,
- each piece of evidence that can identify the Insured Item as well as the purchase price and date of purchase, such as invoice or receipt.



In case of Aggravated Theft, the Insured Person also has to send the following documents to the Insurer:

- original police report,
- each proof of claim, which means
 - in case of theft with Assault: any proof, such as a medical certificate or a written testimony, signed and dated by the witness and with statement of his name, surname, place and date of birth, address and profession;
 - in case of theft through Break In: each document proving the intrusion such as the estimate or invoice of the repair of the locking mechanism or a copy of the declaration to the its car insurance or multi-risks insurance.

In case of Accidental Damage, the Insured Person also has to send the following documents to the Insurer:

- the original of the estimate or the invoice of the repair, or
- the certificate of the vendor, which details the nature of the damage and certifies that the Insured Item is irreparable.

The Insurer reserves its right to request to the Insured Person any other document or piece of information necessary to determine the circumstances and the extent of damage. The Insured shall promptly provide to the Insurer all relevant documents and information and shall answer to the Insurer's questions.

4. GENERAL PROVISIONS

Territorial scope of guarantee: Worldwide.

Loss adjustment / payment of the Indemnity: An expert or an investigator can be sent by the Insurer to examine the circumstances of the loss and to determine the amount of the indemnity.

Effective date of the guarantees: The guarantees of this contract shall take effect on the date of the issuance of the Card or later, depending on conditions of each guarantee; no coverage, however, take effect before the inception date of this insurance contract underwritten for the Policyholder by the Insurer. Items paid before the date of issuance of the Card or before the inception date of the insurance policy will not be covered by this insurance policy (even if the claim occurs after these dates).

Termination of guarantees: Notwithstanding contrary clause in the present document, all guarantees will be terminated immediately and will expire automatically in case of non-renewal or termination of the Card or if this insurance policy underwritten for the Policyholder by the Insurer terminates for any reason whatsoever.



SAFE ONLINE INSURANCE GENERAL CONDITIONS

1. DEFINITIONS

Insured Person: Holder of a valid Card, charged in Euro, who is acting exclusively in the context of his/her private life.

Third Party: any person other than the Insured Person, his/her spouse or legal cohabitant, ascendant in the direct line or descendant in the direct line.

Insured Item: all movable item for private use, purchased new by the Insured Person via Internet provided that the purchased item is delivered by mail or private transportation within the country of issuance of the Card, with a purchase value between 50 EUR and 1.000 EUR (including taxes) by item and that the purchased item is not excluded from this guarantee.

Seller: merchant proposing via internet the selling of Insured Item.

Non Compliant Delivery: the delivered Insured Item does not correspond to the factory or distribution reference indicated on the order slip or is delivered with a failure preventing its proper functioning, is broken or incomplete.

Non Delivery: the Insured Item has not been delivered within thirty (30) calendar days following the transaction date on the statement of expenses of the Insured Person's Card on which appears the debit of the purchase amount or the delivery of the Insured Item was not performed within the delay mentioned in the terms and conditions of the Merchant, whichever is longer than the first delay of thirty (30) days.

Online Payment: any payment done online with a Card with or without confidential code (PIN code), with no electronic or written signature and for which the Card of the Insured Person is debited.

Loss: occurrence of an event which is covered by this guarantee.

2. GUARANTEE

Delivery of the items bought on the Internet

In case of problem occurring during the delivery of the Insured Item (Non Delivery or Non Compliant Delivery), the Insured Person will benefit from the Delivery Insurance provided that the here below cumulative conditions are fulfilled:

- the Insured Item must have been paid for with the Card during the period of validity of the Card;
- the transaction corresponding to this purchase must appear on the expenses statement of the Card.

Process of the payment of the indemnity

The Insurer shall indemnify to the Insured Person the Insured Item if no amicable satisfactory solution was found with the Seller and the Insurer or the Insured Person, before the 90th day after the transaction date on the expenses statement (on which appears the debit of the payment of the Insured Item).

1. In case of Non Delivery of an Insured Item:

The Insurer will reimburse to the Insured Person the purchase price including taxes (delivery costs excluded) of the Insured Item, limited to the amount effectively paid to the Seller with the Card and within the insured limit mentioned in the clause "Amount of the Indemnity per Claim and per year".

2. In case of Non Compliant Delivery of an Insured Item:

- if the Seller accepts the return of the Insured Item, and sends a replacement item or reimburses the purchase value to the Insured Person, the guarantee covers the costs to send the item back to the Seller if they are not picked up by the Seller;
- if the Seller accepts the return of the Insured Item but does not send a replacement item nor reimburses the purchase value to the Insured Person, the guarantee covers the costs of returning the Insured Item to the Seller and the purchase value of the Insured Item (delivery costs excluded);



- if the Seller does not accept the return of the Insured Item, the guarantee covers the costs of sending the Insured Item to the Insurer and reimburses the purchase value of the Insured Item (delivery costs excluded).

The purchase value of the Insured Item, including taxes, is limited to the amount effectively paid to the Seller with the Card.

The Insurer reserves its right to conduct an expertise or an investigation at its own expenses in order to assess the circumstances and the extent of the damage and logically the amount to be paid to the Insured on basis of this contract.

Exclusions from the guarantee

Are excluded from this guarantee the following items:

- animals;
- perishable goods and food;
- drinks;
- plants;
- motorized vehicles;
- cash, shares, bonds, stocks and any security or negotiable instrument;
- jewellery or gems, art work, goldsmithery, silverware, with a minimum value of 150 EUR;
- numerical data displayed or downloaded on internet (among others: MP3, files, photos, software etc.);
- any performance of services, performance of services purchased online included;
- items used in a professional context;
- items purchased for resale;
- items purchased on auction websites

Are excluded from this guarantee, the loss resulting from

- intentional act of the Insured Person;
- consequences of acts suffered by the Insured Person during civil war or foreign powers;
- a strike of services providers or transporter, lock-out or sabotage committed within the context of a concerted action of strike, lock-out or sabotage;
- any claim resulting from fraudulent use of Card.

Amount of the Indemnity per Claim and per year

1.000 EUR (including taxes) per claim, per Insured Person and per period of 12 consecutive months.

When the Insured Item is a part of a set and is unusable or irreplaceable separately, the Insurer will indemnify the value of the set.

The indemnity, all taxes included, will be transferred in Euros on the bank account appointed by the Insured Person.

3. WHAT TO DO IN CASE OF A CLAIM

Within 5 days following the knowledge of the claim, the Insured Person shall notify the claim to AIG Europe S.A. - Belgian branch, Boulevard de la Plaine 11, 1050 Brussels:

- **In all cases:** by means of a duly filled in and signed claim notification form indicating the place and the circumstances of the claim,
- **In case of Non Compliant Delivery:** Upon receipt of the delivery or upon the notification that the delivery is non compliant, the Insured Person shall in his/her own interest declare, within 7 calendar days, the Loss in writing to the Insurer, by means of the claim notification form that is provided to the Insured Person by AIG, Boulevard de la Plaine 11, 1050 Brussels. The Insured Person is supposed to be informed of the non-compliance of the delivery as from the reception of the delivery or from the moment he/she is aware of the Non Compliance of the delivery.

AirPlus International SA – Miles & More – BA Premium – 2040178 – 20190401

26 / 32

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 office 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 Berlaamontlaan 14, 1000 Brussels, www.nbb.be. | Citibank 570-1210370-62 - IBAN: BE51 5701 2103 7062 - BIC: CITIBEBX.



- **In case of Non Delivery:** Should the Insured Item not be delivered within the period of time specified in the terms and conditions of the Merchant website, the Insured Person shall declare within 30 calendar days following the receipt of the Insured Person's account statement or notification of debit, the Loss in writing to the Insurer, by means of the claim notification form that is provided to the Insured Person by AIG, Belgian branch, Boulevard de la Plaine 11, 1050 Brussels. the Insurer will then, on behalf of the Insured Person, take contact with the Seller or the carrier in order to find an amicable settlement. The Insured Person is supposed to be informed of the claim when the Insured Item was not delivered within the delay specified on the terms and conditions of sale of the Seller.

The claim notification form can be found on www.airplus.com.

For other questions and contact details, we invite you to consult the website www.airplus.com.

The form has to include all the proof of loss documents listed hereunder.

Proof of loss documents to be provided by the Insured Person in case of a non delivery or non compliant delivery:

- the print of the purchase order confirmation, any confirmation of the order of the Insured Item by the Seller (email, uploading or print screen of the internet page of the confirmation of the order) ;
- the copy of the Card statement justifying the debited amount(s) of the order of the Insured Item;
- in case of delivery by a private carrier : the delivery slip in possession of the Insured Person;
- in case of delivery by mail : the tracking of the delivery or the acknowledgement of the receipt in possession of the Insured Person;
- in case the Insured Item is sent back to the Seller: the receipt justifying of the freight with delivery confirmation charges.

The Insurer may request the Insured Person to provide him with any justifying document necessary to investigate the file (witness, declaration home insurer ...).

4. GENERAL PROVISIONS

Territorial scope of guarantee: For the coverage Safe on Line:

- Safe Online covers items purchased on merchant's websites domiciled in the USA or in the European Union.
- The Insured Item shall be delivered in the country where the Card has been issued.

Loss adjustment / payment of the Indemnity: An expert or an investigator can be sent by the Insurer to examine the circumstances of the Loss and to determine the amount of the indemnity.

Effective date of the guarantees: The guarantees of this contract shall take effect on the date of the issuance of the Card or later, depending on conditions of each guarantee; no coverage, however, take effect before the inception date of this insurance contract underwritten for the Policyholder by the Insurer. Items paid before the date of issuance of the Card or before the inception date of the insurance policy will not be covered by this insurance policy (even if the claim occurs after these dates).

Termination of guarantees: Notwithstanding contrary clause in the present document, all coverages will be terminated immediately and will expire automatically in case of non-renewal or termination of the Card or if this insurance policy underwritten for the Policyholder by the Insurer terminates for any reason whatsoever.



BEST PRICE GUARANTEE GENERAL TERMS AND CONDITIONS

1. DEFINITIONS

Cardholder: The natural person whose name is on the Card.

Insured person: Yourself, Cardholder, in your capacity as a private individual.

Covered items: all moveable items with a unit value equal to or higher than 50 EUR incl. VAT (without delivery costs), purchased new, paid in full with the Card, **with the exception of the following items:**

- **live animals,**
- **plants,**
- **foreign currency, traveller's cheques, transport tickets, tickets for shows and all tradeable documents,**
- **jewelry, art objects, antique objects and collector objects,**
- **all consumables and perishable goods, food products, beverages, tobacco and fuels,**
- **pharmaceutical products (products sold in pharmacies or shops specializing in health products), optical or medical equipment,**
- **services, all immaterial items and downloaded digital data**
- **any new item being part of a set,**
- **all illegally acquired items,**
- **costs of transport or delivery of the item,**
- **hand or custom-made items,**
- **mobile phone,**
- **land vehicles (including 2 wheels, trailers and caravans), boats and aircraft, their equipment, loose parts and consumables necessary for their use and maintenance,**
- **second-hand items,**
- **items bought at auctions,**
- **professional items,**
- **items bought to be sold again as merchandise,**
- **items that were bought as bargains during a bargain period,**
- **demarked sales items.**

2. GUARANTEE

The Best Price Guarantee is intended to reimburse the Insured for the difference between the price he/she pays for a Covered item and a price established at another point of sale for a new and identical item of the same brand and with the same manufacturer's reference.

The price difference must be equal to or greater than **50 EUR** incl. VAT and must be established within 30 days of the date of purchase of the Covered item.

The Best Price Guarantee is limited to **1.000 EUR** incl. VAT per loss, per consecutive period of 12 months and per insured Card.

Exclusions

Are excluded from the Best Price Guarantee:

- purchases by the staff, manager or owner - and their spouse or partner - of the store or branch where the item was purchased,
- the price difference found at the same point of sale,
- the price difference established in relation to an item sold abroad or in a duty-free zone,
- items purchased from a mail-order catalogue or on the Internet or the price difference established in relation to an item purchased from a mail-order catalogue or on the Internet,
- the price difference in relation to a sold second-hand item,
- the price difference in relation to an item sold in a package deal or 'free offer' deal,
- the price difference established in relation to an item sold in a shop which is not open to the general public,
- the price difference established in relation to an item sold in the context of an offer reserved exclusively for members or members of an institution such as an association, a club, a company board, a health insurance fund or a subscription service,
- the price difference established in relation to an item sold as part of a stock clearance or during a legal sales period.
- the price difference established in relation to an item sold in a Covered territorial area other than that of the purchase of the Covered item,
- purchases outside the validity period of the Best Price Guarantee.

3. WHAT TO DO IN THE EVENT OF A LOSS

The Insured must report the loss as soon as possible, after the price difference has been established (date, place, facts), to AIG Europe S.A. - Belgian branch, Pleinlaan 11, 1050 Brussels. The declaration form can be downloaded from the site www.airplus.com.

For other questions and contact details, we invite you to consult the website www.airplus.com.

The form has to include all the documents listed hereunder regarding the claim.

The declaration form for indemnification must be accompanied with all the evidence of documents relating to the loss listed below.

- a copy of the purchase invoice of the covered Item to identify the covered Item and with the references of the distributor or manufacturer of the covered item, and the date of purchase,
- any evidence that the covered item has been paid with the card, such as an account statement, card statement or proof of payment,
- any document proving the difference in price between the covered item and an identical item (such as a catalogue, advertising brochure or vendor's certificate) which makes it possible to identify the item and which indicates the references of the distributor or manufacturer of the item and the date of validity of the price of the announced item.

Payment of indemnity: after reception and validation of the received evidence documents, the Insurer indemnifies the Insured for an amount equal to the established price difference and within the limits set out in the Best Price Guarantee.

The Insurer may ask the Insured for any other documents or information necessary for the validation of the claim and the assessment of the indemnity.



4. GENERAL PROVISIONS

Expertise / payment of indemnity: the Insurer can send an expert or inquirer to investigate the circumstances of the loss and evaluate the amount of the indemnity.

Start date of the coverage: The guarantees of this contract shall take effect on the date of the issuance of the Card or later, depending on conditions of each guarantee; no coverage, however, take effect before the inception date of this insurance contract underwritten for the Policyholder by the Insurer. Items paid before the date of issuance of the Card or before the inception date of the insurance policy will not be covered by this insurance policy (even if the claim occurs after these dates).

End of the coverage: the coverage is immediately and automatically terminated when the card is not renewed or is terminated or in the event the insurance contract underwritten between by the Policyholder and the Insurer is terminated, on the date on which the insurance contract ends following termination



THEFT OF LEATHER GOODS INSURANCE GENERAL TERMS AND CONDITIONS

1. DEFINITIONS

Insured: Yourself, Cardholder, in your capacity as a private individual.

Third parties: any person other than the Insured

Leather goods: the handbag, wallet, purse or cardholder that the Insured was carrying at the time of the loss.

Depreciation: annual depreciation on the purchase price including taxes on the goods.

Violence: physical violence or threat of violence with the intention of causing harm, resulting in material, physical and/or mental damage.

Theft with violence: physical assault by a third party on the Insured or deliberate coercion by a third party with the intention of stealing from the Insured.

Theft with burglary: burglary by breaking open locks in a closed, covered and enclosed space or a closed motor vehicle intended for road traffic.

Loss: occurrence of an event insured under the contract.

2. GUARANTEE

The Insurer indemnifies the Insured's handbag, wallet or cardholder that was stolen or damaged in the event of Theft with violence or burglary. The costs of repair or replacement of the Leather items will be indemnified taking into account their depreciation.

Calculation of the depreciation: 10% of the purchase price per year, capped at 70%.

The depreciation is deducted from the purchase price including VAT from the date of purchase stated on the invoice.

Excluded from coverage:

- **A deliberate fault by the Insured.**
- **The disappearance or loss of the insured items.**
- **The contents of the leather goods (other than the wallet and the cardholder).**
- **Jewelry or valuables carried by the Insured person at the time of theft.**
- **Theft without violence or burglary.**
- **Theft by a person who is himself or herself an Insured.**
- **The consequences of acts that the Insured undergoes during a civil war or a war with foreign powers.**
- **Leather items over 5 years old.**

Amount of indemnification per loss and per year

300 EUR per loss, per consecutive period of 12 months and per Insured.

3. WHAT TO DO IN THE EVENT OF A LOSS

As soon as he/she establishes the aggravated theft of the Leather items, the Insured person must:

- file a complaint with the police within 48 hours.
- report the loss as soon as possible (date, place, facts) to AIG Europe S.A. - Belgian branch, Pleinlaan 11, 1050 Brussels. The declaration form can be downloaded on the site www.airplus.com

For other questions and contact details, we invite you to consult the website www.airplus.com.

The form has to include all the documents listed hereunder regarding the claim.



The request form for indemnification must be accompanied with all the documents relating to the claim listed below.

Evidence of the loss

- The fully completed and signed claim declaration form in which he reports the place and the circumstances of the loss, original proof of report to the police containing the circumstances of the theft with burglary or violence and the list of stolen goods,
- evidence of violence (witness statement, medical certificate)

The Insurer may ask the Insured for any other evidence deemed necessary for the examination of the file (invoice for the purchase of stolen or damaged Leather goods, witness statement, declaration to the home insurer, etc.).

4. GENERAL PROVISIONS

Territory of the coverage: worldwide.

Expertise / payment of indemnity: the Insurer can send an expert or inquirer to investigate the circumstances of the loss and evaluate the amount of the indemnity.

Start date of the coverage: The guarantees of this contract shall take effect on the date of the issuance of the Card or later, depending on conditions of each guarantee; no coverage, however, take effect before the inception date of this insurance contract underwritten for the Policyholder by the Insurer. Items paid before the date of issuance of the Card or before the inception date of the insurance policy will not be covered by this insurance policy (even if the claim occurs after these dates). **End of the coverage:** the coverage is immediately and automatically terminated when the card is not renewed or is terminated or in the event the insurance contract underwritten between by the Policyholder and the Insurer is terminated, on the date on which the insurance contract ends following termination.