

Your Policy Document

Customer information
and Policy Wording

CHUBB®

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Welcome

Thank you for choosing Chubb Travel Insurance.

This is **Your** Policy Wording which, together with **Your** Certificate of Insurance and the information supplied when applying for this insurance, is a contract between **You** and **Us**. Cover provided under this Policy is underwritten by Chubb European Group SE, (**Chubb/We/Us**). Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre, kept by Commercial Court of Nanterre, and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Chubb European Group SE has fully paid share capital of €896,176,662 and is supervised by the French Financial Supervisory Authority (Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09. Chubb European Group SE performs its activity in Hungary through Chubb European Group SE Magyarországi Fióktelepe with registration number 01-17-000467, kept by the Metropolitan Court as Court of Registry, and the following registered office: 1054 Budapest, Szabadság tér 7. The local supervisory authority is the Hungarian National Bank (1013 Budapest, Krisztina krt. 39.) Chubb European Group SE will release and publish its Annual Report on Solvency and Financial Status by 22 April each year.

This Policy pays benefits, in accordance with this Policy Wording, in the event that **You** need to cancel **Your Trip** before it begins.

This Policy does not cover any pre-existing medical conditions.

You (as specified in the Certificate of Insurance) and **Chubb** agree that **You** shall pay the premium as agreed. The Certificate of Insurance and this Policy Wording provides the full terms and conditions of the insurance with **Us**. **You** acknowledge that **We** have offered this Policy and set the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided by **You** may result in a change in the terms and conditions of the Policy, a change in the premium or the termination of the insurance contract, as set out in this Policy Wording, where the breach of the obligation to disclose circumstances material for accepting the risk may result in Chubb's relieving of its obligations, as set out in this Policy Wording.

You should check over the Policy Wording and Certificate of Insurance carefully to ensure they are correct and meet **Your** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. **You** should keep these documents in a safe place. **You** must tell **Us** if either **Your** insurance needs or any of the information **You** have given **Us** changes. A change in circumstances may affect Policy cover or the premium, even if **You** do not think a change is significant, and **We** may need to change this Policy. **We** will update the Policy and issue a new Certificate of Insurance each time a change is agreed.

Table of Benefits

Section	Benefit Amounts	Excess ¹
1. Cancellation	Flight Cost ² plus up to 150 000 Ft for unused travel costs	X
2. Curtailment	up to 150 000 Ft	✓

¹ A 15 000 Ft excess applies to certain benefit section per person as highlighted in the table above.

² Flight Cost means the total cost of Your flight as shown on Your flight booking confirmation.

The table above shows the maximum amounts that are covered under the Policy per Person Insured.

Important Information

How to Claim

Guidance on how to make a **Claim** under this Policy is detailed on page 14 in this Policy Wording.

How to Cancel

Guidance on how to cancel this Policy is detailed on page 17 in this Policy Wording.

General Conditions and General Exclusions

There are certain Conditions and Exclusions which apply to all sections of this Policy, and these are detailed on pages 11 to 12 and 16 to 19 in this Policy Wording.

Persons Covered

All **Persons Insured** on this Policy must be:

1. permanently resident in Hungary and be in Hungary at the time of purchasing this Policy; and
2. 64 years of age or under at the time of purchasing this Policy.

Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 20 to 21 in this Policy Wording.

Trips Covered

The Plan Type **You** have chosen, Round Trip or One Way Trip, is shown on the Certificate of Insurance.

1. Round Trip
A **Trip Abroad** during the **Period of Insurance** that takes place entirely within the Area of Travel stated in the Certificate of Insurance.
2. One Way Trip
A **Trip Abroad** during the **Period of Insurance** that takes place entirely within the Area of Travel stated in the Certificate of Insurance but has no scheduled return date.

Trips Not Covered

We will not cover any Trip

- which involves manual work of any description;
- where Winter Sports is the main reason for Your trip;
- which involves You travelling on a Cruise;
- which involves You travelling specifically to obtain medical, dental or cosmetic treatment;
- when You have been advised not to travel by Your Doctor or You have received a terminal prognosis;
- where, on the date it is booked (or commencement of the Period of Insurance if later), You or Your Travelling Companion are aware of any reason why it might be cancelled or Curtailed, or any other circumstance that could reasonably be expected to result in a Claim under this policy;
- involving travel to countries or regions where The Ministry of Foreign Affairs and Trade does not recommend travel. If You are not sure whether there is a travel warning for Your destination, please check their website <http://konzulizsolgalat.kormany.hu/utazasra-nem-javasolt-tersegek>.

The Cover We Provide

The maximum amount We will pay under each Section that applies is detailed in the Table of Benefits on page 5 in this Policy Wording.

When You Are Covered

1. Cancellation cover under Section 1 begins when a **Trip** is booked, or from the commencement date and time stated in the Certificate of Insurance, whichever is later. It ends when **You** start **Your Trip**.
2. Insurance cover under all other Sections operates for a **Trip** that takes place during the **Period of Insurance** and When Cover Will End Automatically
 1. Round Trip
All cover will end when the **Period of Insurance** ends.
 2. One Way Trip
All cover will end 24 hours after **You** start **Your Trip**.

Automatic Extension of the Period of Insurance

If **You** cannot return home from a **Trip** before **Your** cover ends, **Your** policy will automatically be extended at no extra charge for:

- up to 14 days if any **Public Transport** in which **You** are booked to travel as a ticket-holding passenger is unexpectedly delayed, cancelled or **Curtailed** because of **Adverse Weather**, industrial action, or mechanical breakdown; or
- up to 30 days (or any longer period agreed by **Us** in writing before this automatic extension expires) if **You** cannot return home **Due To**:
 - **You** being injured or becoming ill or being quarantined during a **Trip**
 - **You** being required to stay on medical advice with another **Person Insured** named on **Your** Certificate of Insurance who is injured or becomes ill or is quarantined during a **Trip**.

Section 1 - Cancellation

What is covered

We will refund **You** unused travel and/or accommodation costs up to the amount stated in the Table of Benefits (including excursions pre-booked and paid for before starting Your Trip), which **You** have paid or are contracted to pay and which cannot be recovered from any other source if it becomes necessary to cancel a **Trip Due To**:

1. **You or Your Travelling Companion(s)**
 - A. dying; or
 - B. suffering serious injury; or
 - C. suffering sudden or serious illness; or
 - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a **Doctor** who specialises in obstetrics); or
 - E. being compulsorily quarantined on the orders of a treating **Doctor**;
provided that such cancellation is confirmed as medically necessary by the treating **Doctor**.
2. **Your Immediate Family Member or Close Business Colleague or Your Travelling Companion's Immediate Family Member or Close Business Colleague** or someone **You** have arranged to stay with on **Trip**:
 - A. dying; or
 - B. suffering serious injury; or
 - C. suffering sudden or serious illness; or
 - D. suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a **Doctor** who specialises in obstetrics);
provided that such reasons for cancellation are confirmed by a **Doctor**.
3. the police requiring **You or Your Travelling Companion's** presence following a burglary or attempted

burglary at **You or Your Travelling Companion's** home.

4. serious fire storm or flood damage to **You or Your Travelling Companion's** home, provided that such damage occurs within the 7 days immediately prior to commencement of **Your Trip**.
5. the compulsory jury service or subpoena of **You or Your Travelling Companion**
6. **You or Your Travelling Companion** being made redundant and having registered as unemployed.

What is not covered

1. **Any Claim Due To**
 - A. **any pre-existing medical condition affecting any person upon whom Your Trip depends that was diagnosed, treated or required hospital inpatient or outpatient treatment at any time before Your Trip was booked (or commencement of the Period of Insurance if later), and which could result in Your having to cancel Your Trip;**
 - B. **jury service or subpoena if You or Your Travelling Companion are called as an expert witness or where Your or their occupation would normally require a Court attendance;**
 - C. **redundancy where You or Your Travelling Companion:**
 - i) **were unemployed or knew that You or they may become unemployed, at the time the Trip was booked;**
 - ii) **are voluntarily made redundant or made redundant as a result of misconduct or following resignation;**
 - iii) **are self-employed or a contract worker;**
 - B. **any adverse financial situation causing You to cancel Your Trip, other than reasons stated within the section 'What is covered'.**

- C. **You or Your Travelling Companion(s) deciding that You do not want to travel, unless that reason for not traveling is stated within the section 'What is covered'.**
 - D. **The failure to obtain the necessary passport, visa or permit for Your Trip.**
2. **Any loss, charge or expense Due To:**
- A. **a delay in notifying the tour operator, travel agent, or transport or accommodation provider that it is necessary to cancel a booking;**
 - B. **prohibitive regulations by the government of any country.**
3. **Any charge or expense paid for with, or settled using, any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any Claim for management fees, maintenance costs or exchange fees associated in relation to timeshares or similar arrangements.**
- D. **suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a Doctor who specialises in obstetrics); or**
 - E. **being compulsorily quarantined on the orders of a treating Doctor;** provided that such **Curtailement** is confirmed as medically necessary by the treating **Doctor**.
2. **Your Immediate Family Member or Close Business Colleague or Your Travelling Companion's Immediate Family Member or Close Business Colleague or someone You have arranged to stay with on Trip:**
- A. **dying; or**
 - B. **suffering serious injury; or**
 - C. **suffering sudden or serious illness; or**
 - D. **suffering from complications in pregnancy if incurred in an emergency as a result of complications (where such complications are diagnosed by a Doctor who specialises in obstetrics);** provided that such **Curtailement** is confirmed as medically necessary by the treating **Doctor**.

Section 2 –Curtailement

What is covered

We will pay:

- A. **unused accommodation costs (including excursions pre-booked and paid for before leaving for Your Trip, which You have paid or are contracted to pay and which cannot be recovered from any other source; and**
- B. **reasonable additional travel and accommodation (room only) costs necessarily incurred in Your returning from Trip.**

up to the amount shown in the Table of Benefits, if it becomes necessary to, **Curtaile a Trip Due To:**

- 1. **You, Your Travelling Companion(s)**
 - A. **dying; or**
 - B. **suffering serious injury; or**
 - C. **suffering sudden or serious illness; or**

- 3. **The police requiring You or Your Travelling Companion's presence following a burglary or attempted burglary at Your or Your Travelling Companion's home**
- 4. **Serious fire storm or flood damage to Your or Your Travelling Companion's home; provided that such damage occurs after Your Trip commences.**

What is not covered

- 1. **Any Claim Due To**
 - A. **any pre-existing medical condition affecting any person upon whom Your Trip depends that was diagnosed, treated or required hospital inpatient or outpatient treatment at any time before Your Trip was booked (or commencement of the Period of Insurance if later), and which**

- could result in Your having to Curtail Your Trip;**
- B. any adverse financial situation causing You to Curtail Your Trip;**
 - C. You or Your Travelling Companion(s) deciding that You do not want to remain on Trip.**
- 2. Any loss, charge or expense Due To:**
- A. a delay in notifying the tour operator, travel agent, or transport or accommodation provider that it is necessary to Curtail a booking;**
 - B. prohibitive regulations by the government of any country.**
- 3. Any charge or expense paid for with, or settled using any kind of promotional voucher or points, timeshare, holiday property bond or holiday points scheme, or any Claim for management fees, maintenance costs or exchange fees in relation to timeshares or similar arrangements.**
- 4. Accommodation and travel expenses where the transport and/or accommodation used is of a standard superior to that of the Trip.**
- 5. The Excess.**

General Exclusions

Exclusions that apply to the whole Policy.

We will not pay any Claims which would result in Us being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, Hungary, or United States of America.

Applicable to US Persons only: Policy cover for a Trip involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any Claim from a US Person relating to Cuba travel, We will require verification from the US Person of such OFAC licence to be submitted with the Claim. US Persons shall be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.

You should contact Us on +36 1 7777 348 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, Hungary or United States of America.

We will not be liable to make any payment under this Policy where:

1. **Persons Covered**
You do not meet the criteria detailed under Important Notes on page 6 of this Policy.
2. **Children travelling alone**
You are a Child travelling or booked to travel without an adult Person Insured named in the Certificate of Insurance.
3. **Trips not covered**
Your Trip is described under "Trips Not Covered", on page 6 of this Policy.

4. **any Claim is Due To:**
 - A. **Not taking medication or treatment**
a Person Insured choosing not to take medication or other recommended treatment as prescribed or directed by a Doctor.
 - B. **Tropical disease where not vaccinated**
a tropical disease where the Person Insured has not had the vaccinations or taken the medication recommended by the National Public Health and Medical Offer Service of Hungary or required by the authorities in the country being visited, unless they have written confirmation from a Doctor that they should not be vaccinated or take the medication, on medical grounds.
 - C. **Anxiety state or phobia**
a Person Insured suffering from any travel-related anxiety state, or phobia.
 - D. **Currency**
Currency exchange, including but not limited to any loss of value or currency conversion fees.
 - E. **Illegal Acts**
Any illegal act by You.
 - F. **Alcohol/drugs**
 - i) **Alcohol**
You drinking too much alcohol, alcohol abuse or alcohol dependency. We do not expect You to avoid alcohol on Trip, but We will not cover any Claims arising because You have drunk so much alcohol that Your judgement is seriously affected and You need to make a Claim as a result (for example any medical report or evidence showing excessive alcohol consumption which in the opinion of a Doctor has caused or

- contributed to the bodily injury). Furthermore, it is always regarded as excessive alcohol consumption or alcoholic state whenever at the time of the occurrence of the insured event Your blood alcohol concentration exceeded 0.8 ‰, provided that it was confirmed by an alcohol test.
- ii) **Drugs**
You taking any drugs in contravention of the laws applicable to the country You are travelling to, or having an addiction to or abusing any medications, or being under the influence of any non-prescribed medication which is classified as a legal high in the country You are travelling to.
- G. **Suicide/self-injury**
- i) Your suicide, attempted suicide or deliberate self-inflicted injury regardless of the state of Your mental health; or
- ii) Your needless self-exposure to danger or where You have acted in a manner contrary to visible warning signs except in an attempt to save human life.
- H. **Radiation**
- i) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel; or
- ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.
- I. **Sonic waves**
pressure waves from aircraft and other airborne devices travelling at sonic or supersonic speeds.
- J. **War**
War or any act of War whether War is declared or not.
- K. **Financial Failure**
The financial failure of a tour operator, travel agent, transport provider, accommodation provider, ticketing agent or excursion provider.

Exemptions

The Insurer shall be exempt from the obligation to provide benefits:

1. to the extent that the Insured fails to comply with their obligation to provide information or to report any change in the course of the making of the insurance contract unless it is proven that Chubb was aware of the circumstance concealed or not disclosed at the time when this Policy was taken out or such circumstance did not play a role in the occurrence of the insured event;
2. if it is proven that the insured event has been caused by the Insured Person or a Close relative living in his household unlawfully, intentionally or with gross negligence.

For the purpose of this point, the Insured Person, the Policyholder, a Close relative living in their household acts with gross negligence in the following cases:

- A. he/she drove a vehicle that did not have the necessary car certificates or he/she drove a vehicle without having a valid driving licence for such vehicle;
- B. at the occurrence of the given traffic Accident he violated at least two traffic rules in effect in the given country at the time of the traffic Accident.
- C. if the Insured Person does not report the claim forthwith to Chubb Assistance, and because of this important circumstances will be undetectable;
- D. if at the moment when a Claim is made or at any time afterwards the Insured Person fails to submit any (additional) documents requested by Chubb or does not consent to Chubb having access to medical opinions or results, thus, important circumstances will become undetectable, Chubb may reject the payment of the

claim, whether partly or wholly.

3. if the death of the Insured Person is caused by the person who is entitled to get the Benefits of this Policy.

The fact that any of such circumstances exist shall be proven by the party who wishes to refer to them.

Making a Claim

Conditions that apply to the whole Policy.

You must notify **Us** immediately by telephone or email as soon as reasonably possible and within 30 days of becoming aware of anything likely to result in a **Claim**.

A personal representative can do this for **You** if **You** cannot.

We can be contacted at:

Email: travelinsurance@inservis.com

Tel: +36 1 7777 348

Claim reporting documents

After reporting a **Claim** the following documents should be sent to **Us**:

- Completed and duly signed Claim Form;
- All the documents certifying travel: Tickets and Boarding Passes (aeroplane, bus, train, boat), Baggage ticket, confirmation of accommodation booking, refuelling invoices, motorway tickets, copy of passport and visa;
- Certification of the identity of the person entitled to compensation (ID card, address card, passport, driving licence).

Beside these, the following documents should be submitted in case of cancellation or **Curtailment**:

- Medical certificate proving the cause of death or the illness
- Death certificate;
- Medical case history, medical documentation of the PCP about any disease/sickness or Accident preceding the travel;
- In case of Accident official report of any authority (if available); official certificate about the Accident;
- Police Report, if made
- Hospital Final Report (if applicable)
- Court summons
- Notice of Termination by the Employer
- Certification about being registered as Unemployed
- Report from Fire Service
- Certificate about flood
- Written confirmation from the airline about the refunded amount they have paid to You

- Written confirmation from the airline about the additional cost of the changing or cancelling your flight
- Written confirmation from the airline that You cancelled Your Trip If any of the required documents are not provided to **Us** or the provided documents are controversial or require further clarification, **We** reserve the right to ask for further documents or information or means of evidence not listed above, or if these documents are not provided, **We** may reject the **Claim** or limit the paid benefit amount.

Claim Conditions

Other Insurance

If, at the time of an incident which results in a **Claim** under this Policy, there is any other insurance covering the same expense, **We** are entitled to approach that insurer for a contribution towards the **Claim**, and will only pay **Our** proportionate share.

Recovering Our Claims Payments from Others

We are entitled to take over and carry out in **Your** name the defence or settlement of any legal action brought by or against **You** in connection of **Claim(s)** covered by this Policy. **We** may also take proceedings at **Our** own expense and for **Our** own benefit, to recover any payment **We** have made under this Policy to anyone else; in such case **You** are obliged to assist **Us** in conducting such proceedings, including the obligation to assign your claim to **Us** (to the extent it is necessary to conduct the proceedings and to the extent it is not automatically assigned by law).

Complying with Special Conditions

You must comply with the Special Conditions detailed in the relevant Section of this Policy.

Supplying Details & Documents

You must supply at **Your** own expense any information, evidence and receipts **We** require including medical certificates signed by a **Doctor**, police reports and other reports.

Your Duty to Avoid or Minimise a Claim

You and each **Person Insured** must take ordinary and reasonable care and precautions to safeguard against loss, damage, **Accident**, injury or illness as though **You** were not insured.

You must also mitigate the damage based on **Our** specifications and according to **Our** instructions given at the time when the damage or loss occurred, or failing this, **You** shall proceed under the principle of reasonable conduct.

The justified cost of mitigating damages shall be borne by **Us** within the Limit of Liability stated in the Table of Benefits even if mitigation of damages has been unsuccessful.

We shall be relieved of **Our** obligation to pay indemnity under this Policy if **We** prove that **You** have failed to observe the above provisions on the obligation to avoid or minimise a **Claim** due to wilful action or gross negligence

Sending Us Legal Documents

You must send **Us** any original writ, summons, legal process or other correspondence received in connection with a **Claim** immediately when it is received and without answering it.

Subrogation

We may take action to recover compensation or security for loss, damage or expenses covered by this insurance. **You** will not have to pay anything towards this action but **We** will be entitled to retain some or all of any amount recovered.

Recognising Our Rights

You and each **Person Insured** must recognise **Our** right to:

1. settle all **Claims** in Hungarian Forint;
2. be reimbursed within 30 days for any costs or expenses that are not insured under this Policy, which **We** pay to **You**;
3. be supplied at **Your** expense with appropriate original medical certificates where required before paying a **Claim**;
4. request and carry out a medical examination and insist on a post-mortem examination, if the law allows **Us** to ask for one, at **Our** expense.

Fraudulent Claims

We will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **Your Claim** will be dismissed.

Paying Claims

We shall fulfil the Claim for benefit made within 15 working days of the receipt of the last document required for claims handling.

If **You** are 18 years or over, **We** will pay the **Claim** to **You** and **Your** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

If **You** are aged under 18 years and covered under this Policy as the **Partner** of a **Person Insured**, **We** will pay the **Claim** to **Your Partner** for **Your** benefit. In all other circumstances we will pay the appropriate benefit amount to **Your Parent** or **Legal Guardian** for **Your** benefit. **Your Partner's** or **Parent** or **Legal Guardian's** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

General Conditions

Conditions that apply to the whole Policy.

Contract

This Policy, the Certificate of Insurance and any information provided in **Your** application will be read together as one contract.

This contract qualifies as a consumer contract.

Making the contract

The contract is made upon the acceptance of **Your** offer by **Us**, where acceptance is certified by the Certificate of Insurance issued by **Us**. **We deem as valid only those offers which have been submitted to Us via online contracting platform.**

If **You** are a consumer, the contract shall be executed also if **We** do not respond to the offer within fifteen days of the time of receipt thereof, or sixty days if a health risk assessment is required for the evaluation of the offer, provided that the offer was made on **Our** own standard offer sheet, upon receipt of the relevant statutory information, containing the premium applicable.

In the case above, the contract shall be executed – under the conditions contained in the offer – with retroactive effect to the date on which the offer is conveyed to **Us** on the day following the expiry of the risk assessment period.

If an insured event occurs during the risk assessment period, **We** are entitled to refuse the offer only if the offer sheet contains an express warning to that effect, and it is instantly clear from the nature of the insurance cover requested or from other circumstances of risk coverage that the individual risk assessment is necessary for accepting the offer.

If a contract that is concluded without **Our** explicit statement deviates in material circumstances from **Our** standard Policy Wording, **We** are entitled to make a proposal within fifteen days from the date of conclusion of the contract to have **Your** contract amended in accordance with the standard Policy Wording. If **You** do not accept **Our** proposal or do not respond to it

within fifteen days, **We** are entitled to terminate the contract in writing with thirty days' notice within fifteen days of receiving the refusal or the proposal for amendment.

Effect and risk coverage

Except where we agree otherwise the contract shall come into force on the day following payment by **You** of the premium to **Our** account, or when we agree upon the postponement of the premium payment or **We** make a claim for the premium before court.

We undertake the risk in consideration of the payment of the premium by **You**. The insurance cover by **Us** shall commence on the day specified in the Certificate of Insurance or, in lack of such a date, on the date when the contract has come into force (risk commencement date).

Choice of Law

This Policy shall be governed by and interpreted in accordance with the laws of Hungary and the Hungarian Courts alone shall have jurisdiction in any dispute. All communication in connection with this Policy shall be in Hungarian.

Compliance with Policy Requirements

You (and where relevant **Your** representatives), shall comply with all applicable terms and conditions specified in this Policy. If **You** do not comply, **We** will only pay that part of any **Claim** that **We** would have had to pay if **You** had complied in full.

Changing Your Policy

1. If **You** want to change **Your** Policy
If any of the information **You** have given **Us** changes **You** must telephone (and confirm in writing if **We** request **You** to do so), email or write to **Us**. In the event of any breach of the obligation for notification of changes, **Our** obligation does not take effect, unless **You** are able to prove that **We** were aware of the concealed or undisclosed circumstance when the contract was concluded or that such circumstance had no influence on the occurrence of the insurance event. The

notification of changes applies to **You** and **Person Insured** both. Neither of **You** or **Person Insured** are entitled to refer to any circumstance that either of **You** had neglected to report to **Us** though you must have known about it and should have reported it.

2. If **We** want to change **Your** Policy

If **We** become aware of any material circumstance regarding our contract with **You**, or any changes thereof, only after the contract has been concluded, and these circumstances bring about a considerable increase in the insurance risk, **We** are entitled to make a written proposal within fifteen days after gaining knowledge thereof to amend the contract or to terminate the contract in writing with thirty days' notice.

If **You** do not accept the proposal for amendment or fail to respond to it within fifteen days from the time of receipt thereof, the contract will be terminated on the thirtieth day following the day of communicating the proposal for the amendment, if **We** warned **You** of this consequence when the proposal for amendment was made.

If the contract covers more than one asset or person concurrently, and the considerable increase in insurance risk applies to some of them only, **We** are not be able to exercise **Our** rights above with respect to the remaining assets or persons.

Any change made to **Your** Policy will begin on the date that the Certificate of Insurance is issued to **You** by **Us**.

If **We** change **Your** policy and as a result of those changes **You** wish to cancel **Your** policy, **We** will send **You** a pro-rata refund unless **You** have made a **Claim** under this Policy in which case no refund will be made.

Cancelling Your Policy

If **You** want to cancel **Your** Policy:

14 day cancellation right

If, for any reason, **You** are not satisfied with this Policy, **You** may, within 14 days of receiving **Your** Policy and Certificate of Insurance contact **Us** and we will cancel it. If this happens the Policy will have provided no cover and **We** will refund any premiums **You** have paid, providing **You** have not

already travelled and no **Claim(s)** have been reported or paid.

Our contact details are:

Email: travelinsurance@inservis.com

Tel: +36 1 7777 348

If **We** want to cancel **Your** Policy

We can cancel this Policy by giving **You** 30 days written notice to the end of the respective **Period of Insurance**. **We** will only do this for a valid reason. Examples of valid cancellation reasons include attempted or actual fraud, or where **We** are ordered or instructed to cancel this Policy by a regulator, court, or other law enforcement agency. If **We** cancel the Policy **We** will refund any premium **You** paid for the cancelled period provided **You** have not made a **Claim** under the Policy during the current **Period of Insurance**.

Other taxes or costs

We are required to notify **You** that other taxes or costs may exist which are not imposed or charged by **Us**.

Misrepresentation and Non-Disclosure

You must take reasonable care to ensure that all of the information provided to **Us** in the application process, in the "Declaration", by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a **Claim** may not be paid. **You** acknowledge that **We** have offered the Policy and calculated the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

In the event of any breach of the obligation for disclosure above, **Our** obligation shall not take effect, unless **You** are able to prove that **We** were aware of the concealed or undisclosed circumstance when the contract was concluded or that such circumstance had no influence on the occurrence of the insurance event.

The obligation for disclosure above applies to all **Person(s) Insured**. No **Person Insured** is entitled to refer to any

circumstance where another **Person Insured** had neglected to disclose to **Us** though they must have known about it and should have disclosed it.

Premium

The premium is the consideration for **Our** undertaking of the risk. The premium is set out in the Certificate of Insurance. The premium is a one-off amount. **You** are obliged to pay the premium upon making the insurance contract.

Bank Charges

We shall not be liable for any charges applied by **Your** bank for any transactions made in relation to a **Claim**.

Limitation

Claims arising out of insurance contracts concluded with reference to the Policy Wording hereunder shall have a period of limitation of 2 years from their due date.

Complaints procedures

We are dedicated to providing a high quality service and want to maintain this at all times. If **You** are not satisfied with this service, please contact **Us**, quoting **Your** Policy details, so **We** can deal with the complaint as soon as possible.

If **You** have a complaint about the sale of **Your** Policy, the Customer Service **You** have received or the way **Your Claim** has been handled please contact:

Address: 1054 Budapest, Szabadság tér 7., Bank Center;
Tel: +36 1 487 4087
Email: ugyfelszolgalat@chubb.com

Furthermore customers may initiate consumer protection proceedings at the National Bank of Hungary (Hungarian National Bank Financial Consumer Protection Centre) (1013 Budapest, Krisztina krt. 39.; central mailing address: H-1534 Budapest BKKP PO Box 777; Tel: +36 80 203 776) in the event of the violation of the provisions concerning consumer protection set out in Act CXXXIX of 2013 on the National Bank of Hungary or may refer a dispute related to the entry into, validity, legal effects and termination or breach of the agreement or its legal consequences to the court or may request the Financial Mediation Board (mailing address: H-1525 Budapest, BKKP, PO Box: 172; Tel: +36 80

203 776) to proceed. The form for submitting a request for conducting a consumer protection supervisory procedure by the Hungarian National Bank (financial consumer protection submission) is available at

<https://www.mnb.hu/letoltes/fogyasztoi-kerelem-az-mnbhez-20180904.pdf> or at the Customer Centre of the Hungarian National Bank (1013 Budapest, Krisztina krt. 39.); the form for submitting a request for the procedure of the Financial Mediation Board is available at <https://www.mnb.hu/letoltes/150-fogyasztoi-kerelem-2.pdf> or at the Financial Mediation Board (1013 Budapest, Krisztina krt. 39.). In addition a customer qualifying as a consumer may request **Us** to send him/her these forms for free of charge (for this purpose **Our** mailing address: 1054 Budapest, Szabadság tér 7., Bank Center; Tel: +36 1 487-4087, email: ugyfelszolgalat@chubb.com)

Following these complaints procedures does not reduce **Your** statutory rights relating to this Policy.

European Online Dispute Resolution Platform

If **You** arranged **Your** Policy with **Us** online or through other electronic means, and have been unable to contact **Us**, **You** may wish to register **Your** complaint through the European Online Dispute Resolution platform: <http://ec.europa.eu/consumers/odr/>.

Your complaint will then be re-directed to the National Bank of Hungary and to **Us** to resolve. There may be a short delay before **We** receive it.

Financial Supervisory Authority

Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre, kept by Commercial Court of Nanterre, and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France.

Chubb European Group SE has fully paid share capital of €896,176,662 and is supervised by the French Financial Supervisory Authority (Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09.

Chubb European Group SE carries out its insurance activity in Hungary through the Hungarian Branch of Chubb European Group SE (registered seat: 1054 Budapest, Szabadság tér 7., Hungary; registered in Hungary by the Court of Registration of the Metropolitan Court of Budapest under registration no Cg. 01-17-000467). The Hungarian Branch of Chubb European Group SE is registered and supervised by the Hungarian National Bank as a branch office of a member state insurer. Full details can be found on the web-site of the Hungarian National Bank by visiting <https://www.mnb.hu/>

General Definitions

The following words and phrases below will always have the following meanings wherever they appear in the Policy and Certificate of Insurance in bold type and starting with a capital letter.

Abroad

Outside Hungary

Accident, Accidental

A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Adverse Weather

Weather of such severity that the police (or appropriate authority) warn by means of public communications network (including but not limited to television or radio) that it is unsafe for individuals to attempt to travel via the route originally planned by **You**.

Age Limit

64 years old (inclusive) and under at the date of taking out the Policy.

Child, Children

A person under 18 years of age at the time the Policy is purchased.

Chubb

Chubb European Group SE,

Claim, Claims

Single loss or a series of losses **Due To** one cause covered by this Policy.

Close Business Colleague

Someone who **You** work with in Hungary and who has to be in work in order for **You** to be able to go on or continue a **Trip**.

Cruise

A sea or river voyage of more than 3 days in total duration, where transportation and accommodation is primarily on an ocean or river going passenger ship.

Curtail, Curtailed, Curtailment

Cut short/cutting short **Your Trip**.

Doctor

A doctor or specialist, registered or licensed to practise medicine under the laws of the country in which they practise who is neither:

1. a **Person Insured**; or

2. a relative of the **Person Insured** making the **Claim**,

unless approved by **Us**.

Due To

Directly or indirectly caused by, arising or resulting from, or in connection with.

Europe

Albania, Andorra, Austria, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Czech Republic, Denmark, Eire, Estonia, Finland, France, Germany, Gibraltar, Greece, Iceland, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Mediterranean Islands (including Majorca, Menorca, Ibiza; Corsica; Sardinia; Sicily; Malta, Gozo; Crete, Rhodes and other Greek Islands; Cyprus), Moldova, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation (West of Urals), Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom.

Excess

The amount stated in the Table of Benefits of any Claim which each Person Insured must pay for the Section of the Policy where it is applicable.

Immediate Family Member

Your Partner or fiancé(e) or the grandchild, child, brother, sister, parent, grandparent, step-brother, stepsister, step-parent, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, nephew, niece, of **You or Your Partner**, or anyone noted as next of kin on any legal document, all of whom must be resident in Hungary, and not any **Person Insured**.

Insured Adult

A person named in the Certificate of Insurance between the ages of 18 and 64 (inclusive).

Parent or Legal Guardian

A person with parental responsibility, or a legal guardian, both being in accordance with Act V of 2013 on the Hungarian Civil Code and any statutory amendment modification or re-enactment of it.

Partner

Your spouse or civil partner (registered pursuant to the Registered Partnership Act) or someone of either sex with whom **You** have been living for at least three months as though they were **Your** spouse or civil partner.

Period of Insurance

Period of cover commencing at 00.01 or any later time the Certificate of Insurance is issued and ending shown on Your Certificate of Insurance.

Public Transport

Any air, land or water vehicle operated under licence for the transportation of fare-paying passengers and which runs to a scheduled published timetable.

Travelling Companion(s)

Someone **You** have arranged to go on **Trip** with and who it would be unreasonable to expect **You** to travel or continue **Your Trip** without.

Trip

A journey Abroad involving pre-booked travel or accommodation.

War

Armed conflict between nations, invasion, act of foreign enemy, civil war or taking power by organised or military force.

We, Us, Our, Ourselves

Chubb European Group SE,
and **Our** Hungarian Branch Office.

Winter Sports

Bigfoot skiing, bobsleighbing, cross-country skiing, glacier skiing, heli-skiing, kite snowboarding, langlauf, luging, mono-skiing, skidooing, skiing, ski acrobatics, ski flying, ski jumping, ski racing, ski touring, sledging, snow blading, snowboarding, snowmobiling, speed skating, tobogganing.

You, Your, Person(s) Insured

All persons named in the Certificate of Insurance within the **Age Limit** being resident in Hungary. Each person is separately insured with the exception of any **Child** unless travelling with an **Insured Adult**.

Data Protection

With signing the **Contract You** accept that **We** will **Use Your** given data according to the following.

Chubb European Group SE, , (hereafter "**We, Us, Our**") [Chubb European Group SE (governed by the provisions of the French insurance code with registration number registered number 450 327 374 RCS Nanterre, kept by Commercial Court of Nanterre, and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France.) carries out its insurance activity in Hungary through the Hungarian Branch of Chubb European Group SE (registered seat: 1054 Budapest, Szabadság tér 7., Hungary; registered in Hungary by the Court of Registration of the Metropolitan Court of Budapest under registration no Cg. 01-17-000467. Email: ugyfelszolgalat@chubb.com. Tel: + 36 1 487-4087; Web: www.chubb.com/hu)] is the data controller (as defined in Act CXII of 2011 on the Right of Informational Self-Determination and on Freedom of Information – hereafter: "**Info Act**") and **We** accept fully **Our** responsibility to protect the privacy of customers and the confidentiality and security of Personal Information entrusted to **Us**.

In this notice, where **We** refer to Personal Information, this means any information that identifies an individual and includes any sensitive Personal Information (e.g. information about health or medical condition(s)).

Where **We** refer to '**You**' or '**Your**' Personal Information, this will include any information that identifies another person whose information **You** have provided to **Us** (as **We** will assume that they have appointed **You** to act for them). **You** agree to receive on their behalf any data protection notices from **Us**.

Using Your Data

We use personal information which You supply to Us in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as Your name, address, and policy number, but may also include more detailed information about You (for example, Your age, health, details of assets, claims history) where this is relevant to the risk **We**

are insuring, services **We** are providing or to a claim **You** are reporting.

We are part of a global group, and **Your** personal information may be shared with **Our** group companies in other countries as required to provide coverage under **Your** policy or to store **Your** information. **We** also use a number of trusted service providers, who will also have access to **Your** personal information subject to **Our** instructions and control.

You have a number of rights in relation to **Your** personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how **We** use **Your** personal information. For more information, **We** strongly recommend **You** read **Our** user-friendly Master Privacy Policy, available here: <https://www2.chubb.com/hu-hu/footer/privacy-policy.aspx>. **You** can ask **Us** for a paper copy of the Privacy Policy at any time, by contacting **Us** at dataprotectionoffice.europe@chubb.com.

Passing Your Data

We may also pass **Your** Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires **Us** to do so. **We** will not share **Your** Personal Information which is sensitive personal data (as defined in the) unless **We** have either specific consent from **You** or **Your** nominated personal representative or **We** are allowed to do so by law. We note that pursuant to Section 136 of the Act LXXXVIII of 2014 on Insurance Activities (hereafter: “**Hungarian Insurance Act**”) we can process your health data only upon your written consent. However, pursuant to Section 6 (2) of the Info Act, if **You** are unable to give **Your** consent due to the lack of legal capacity or for any other reason beyond **Your** control, the processing of **Your** personal data is allowed to the extent necessary and for the length of time such reasons persist, to protect **Your** vital interests or of another person, or in order to prevent or avert an imminent danger posing a threat to the lives, physical integrity or property of persons. Such case may be, for example, if **You** provide **Your** health data and/or the relevant consent verbally to enable the provision of the insurance service, or if we need to obtain the data from or share thereof with healthcare professionals for the purposes of the above and to the extent necessary

Transferring Your data based on section 138-141. of the Hungarian Insurance Act

The requirement of confidentiality concerning insurance secrets shall not apply to:

A)

- a) the Hungarian National Bank in exercising its designated functions;
- b) the investigating authority and the public prosecutor’s office after ordering the investigation;
- c) the court of law in connection with criminal cases, civil actions and non-contentious proceedings, and the judicial review of administrative decisions, including the experts appointed by the court, and the independent court bailiff in connection with a case of judicial enforcement, the principal creditor in debt consolidation procedures of natural persons, the Családi Csődvédelmi Szolgálat (Family Bankruptcy Protection Service), the family administrator, the court;

d) notaries public, including the experts they have appointed, in connection with probate cases;

e) the tax authority concerning insurance secrets in connection with tax matters where the **Insurer** is required by law to disclose specific information to the tax authority upon request and/or to disclose data concerning any payment made under an insurance contract that is subject to tax liability.;

f) the national security service in exercising its designated functions;

g) the Gazdasági Versenyhivatal (Hungarian Competition Authority) in exercising its designated functions;

h) the guardian authority in exercising its designated functions;

i) the government body in charge of the healthcare system in the case defined in Subsection (2) of Section 108 of Act CLIV of 1997 on Health Care;

j) bodies authorized to use secret service means and to conduct covert investigations if the conditions prescribed in specific other act are provided for;

k) providers of reinsurance, other members of the group and providers of co-insurance, where applicable;

l) the bureau of insurance policy records maintaining the central policy records with respect to data transmitted as governed by law, the claims records agency keeping accident and claims records, the traffic control authority in connection with road transport administrative actions relating to vehicles which are not listed in the motor vehicle registry, and the Közigazgatási és Elektronikus Közszolgáltatások Központi Hivatala (Central Office for Administrative and Electronic Public Services);

m) the receiving insurance company with respect to insurance contracts conveyed under a portfolio transfer arrangement, as provided for by the relevant agreement;

n) with respect to the information required for settlement and for the enforcement of compensation claims, and also for the conveyance of these among one another, the body operating the Compensation Fund and/or the Claims Guarantee Fund, the National Bureau, the correspondent, the Information Center, the Claims Organization, claims representatives and claims adjustment representatives, or the responsible party if wishing to access - in

exercising the right of self-determination - the particulars of the other vehicle that was involved in the accident from the accident report for the purpose of settlement;

o) the outsourcing service provider with respect to data supplied under outsourcing contracts, and the auditor with respect to data required for carrying out the audits;

p) third-country insurance companies and insurance intermediaries in respect of their branches, if they are able to satisfy the requirements prescribed by Hungarian law in connection with the management of each datum and the country in which the third-country insurance company is established has regulations on data protection that conform to the requirements prescribed by Hungarian law;

q) the commissioner of fundamental rights in exercising its designated functions;

r) the Nemzeti Adatvédelmi és Információszabadság Hatóság (National Authority for Data Protection and Freedom of Information) in exercising its designated functions;

s) the **Insurer** in respect of the bonus-malus system and the bonus-malus rating, and the claims record and the bonus-malus rating in the cases specified in the decree on the detailed rules for the verification of casualties;

t) the agricultural damage survey body, the agricultural administration body, the agricultural damage compensation body, and the institution delegated to conduct economic assessments under the supervision of the ministry directed by the minister in charge of the agricultural sector in respect of insured persons claiming any aid for the payment of agricultural insurance premiums;

upon receipt of a written request from a body or person referred to in Paragraphs a)-j), n) and s) indicating the name of the **Person Insured** or the description of the **Policy**, the type of data requested and the purpose of and the grounds for requesting data, with the exception that the bodies or persons referred to in Paragraphs p)-s) are required to indicate only the type of data requested and the purpose and grounds for requesting it. An indication of the statutory provision granting authorization for requesting data shall be treated as verification of the purpose and legal grounds.]

B)

The obligation of confidentiality concerning insurance secrets shall not apply to financial institutions provided for in the CIFE in connection with insurance contracts linked to claims arising out of financial services, if the financial institution makes a written request to the **Insurer** indicating the name of the **Person Insured** or the description of the insurance contract, the type of data requested and the purpose for requesting it.

C)

The disclosure made by the **Insurer** to the tax authority in compliance with the obligation prescribed in Sections 43/B-43/C of Act XXXVII of 2013 on International Administrative Cooperation in Matters of Taxation and Other Compulsory Payments (hereinafter referred to as "IACA") in accordance with Act XIX of 2014 on the Promulgation of the Agreement between the Government of Hungary and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA, and on the Amendment of Certain Related Acts (hereinafter referred to as "FATCA Act") shall not be construed as violation of insurance secrets. The disclosure made by the **Insurer** to the tax authority in compliance with the obligation prescribed in Section 43/H of the IACA, and under Sections 43/B and 43/C of the IACA in accordance with the FATCA Act shall not be construed as violation of insurance secrets.

D)

The **Insurer** shall be required to supply information forthwith where so requested in writing by the national security service, the public prosecutor or the investigating authorities under the prosecutor's consent if there is any suspicion that an insurance transaction is associated with:

a) misuse of narcotic drugs, illegal possession of new psychoactive substances, acts of terrorism, criminal misuse of explosives or blasting agents, criminal misuse of firearms and ammunition, money laundering, or any felony offense committed in criminal conspiracy or within the framework of a criminal organization under Act IV of 1978 in force until 30 June 2013,

b) unlawful drug trafficking, possession of narcotic drugs, inciting substance abuse, aiding in the manufacture or production of narcotic drugs, illegal possession of new psychoactive substances, acts of terrorism,

failure to report a terrorist act, terrorist financing, criminal misuse of explosives or blasting agents, criminal misuse of firearms and ammunition, money laundering, or any felony offense committed in criminal conspiracy or within the framework of a criminal organization under the Criminal Code.

E)

The obligation of confidentiality concerning insurance secrets shall not apply where the Insurer complies with the obligation of notification prescribed in the Act on the Implementation of Restrictive Measures Imposed by the European Union Relating to Liquid Assets and Other Financial Interests.

F)

The disclosure of the group examination report to the dominating member of the financial group during the supervisory oversight proceedings in the case of group supervision shall not constitute a breach of confidentiality concerning insurance secrets and trade secrets.

G)

The obligation to keep insurance secrets shall not apply when:

- a) a Hungarian law enforcement agency makes a written request for information - that is considered insurance secret - in order to fulfill the written requests made by a foreign law enforcement agency pursuant to an international agreement;
- b) the national financial intelligence unit makes a written request for information - that is considered insurance secret - acting within its powers conferred under the Act on the Prevention and Combating of Money Laundering and Terrorist Financing or in order to fulfill the written requests made by a foreign financial intelligence unit.

H)

It shall not constitute a violation of professional secrecy where the **Insurer** supplies information to a third-country insurance or reinsurance company or a third-country data processing agency:

- a) if the **Person Insured** to whom such information pertains (hereinafter referred to as “data subject”) has given his prior written consent, or
- b) if - in the absence of the data subject’s consent - the data is disclosed within the scope, for the purposes and on the legal grounds specified by law, and the level of

protection available in the third-country satisfies either of the requirements prescribed in Subsection (2) of Section 8 of Act CXII of 2011 on the Right of Informational Self-Determination and on Freedom of Information (hereinafter referred to as “Info Act”).

I)

The following shall not be construed a breach of insurance secrecy:

- a) the disclosure of data compilations from which the **Person Insured’s** personal or business data cannot be identified;
- b) in respect of branches, transfer of data for the purpose of supervisory activities to the supervisory authority of the country where the registered address (main office) of the foreign-registered company is located, if such transfer is in compliance with the agreement between the Hungarian and the foreign supervisory authorities;
- c) disclosure of information, other than personal data, to the minister for legislative purposes and in connection with the completion of impact assessments;
- d) the disclosure of data in order to comply with the provisions contained in the Act on the Supplementary Supervision of Financial Conglomerates.

J)

In discharging the obligations delegated by law, or fulfilling their contractual commitments, in order to provide services in compliance with the relevant legislation or as contracted, and to prevent insurance fraud, the Insurer shall - in order to protect the interest of risk groups - have the right to make a request to another insurance company about the data managed by that company.

- a) the identification data of the policyholder, the **Person Insured** and the beneficiary;
- b) information relating to the state of health at the time of recording of the insured person in connection with the risk covered;
- c) information concerning the insurance history of the persons referred to in Paragraph a), listing previous settlements under the branch to which this Subsection pertains;
- d) information relating to the assessment of risk in connection with any policy provided by the requested insurance company; and

e) information for verifying the legal grounds for a settlement to be paid in connection with any policy provided by the requested insurance company.

The **Insurer** shall not be allowed to connect the data obtained through the request relating to an interest insured, with data it has obtained or processed, for purposes other than those provided for. The request made according to above shall contain the information necessary for the identification of the person, property or right defined therein, it shall specify the type of data requested and the purpose of the request. The responsibility for ascertaining that the request is legitimate lies with the **Insurer**. The requested insurance company shall make available to the **Insurer** the data requested in due compliance with the law, inside the time limit specified in the request, or failing this, within fifteen days from the date of receipt of the request.

The **Insurer** shall be allowed to process data obtained through the request for a period of ninety days from the date of receipt. If the data obtained by the Insurer through the request is necessary for the enforcement of that insurance company's lawful interest, the time limit for data processing shall be extended until the conclusion of the procedure opened for the enforcement of such claim.

If the data obtained by the **Insurer** through the request for the enforcement of that insurance company's lawful interest, and the procedure for the enforcement of such claim is not opened inside a period of one year after the data is received, such data may be processed for a period of one year from the date of receipt.

The **Insurer** shall inform the **Person Insured** affected by the request concerning the request made according to above and also if the request is satisfied, on the data to which it pertains, at least once during the period of insurance cover.

If the **Person Insured** asks for information regarding his data in accordance with the Info Act and the Insurer no longer has - having regard to Subsections (8)-(10) - the data to which the request pertains, the Insured Person shall be informed thereof.

If the **Insurer** is the requested insurance company, it is obliged to make available the requested data.

Your data protection related rights

We may transfer **Your** Personal Information to countries outside the European Economic Area (EEA, which includes all the members of the European Union, and Norway, Lichtenstein and Iceland) which may not have the same level of data protection as in Hungary, pursuant to Section 8 of the Info Act. In practice it means that the law of certain countries does not contain the data protection provisions, which are customary in the EEA countries. But if **We** do, **We** will ensure appropriate safeguards are put in place to protect **Your** Personal Information.

The Insurer guards the security of customer data by the following means:

- Information may only be accessed by employees who need to know these data for the above mentioned purposes.
- The stored data may only be accessed through a computer protected by a password.

Information is only forwarded through secure channels or in a password protected document

If **You** ask **Us**, **We** will tell **You** what Personal Information **We** hold about **You** and provide it to **You** in accordance with applicable law. Any Personal Information which is found to be incorrect will be corrected promptly. **We** may monitor and/or record **Your** communication with **Us** either **Ourselves** or using reputable organisations selected by **Us**, to ensure consistent servicing levels and account operation. **We** will keep information about **You** only for so long as it is appropriate.

If the processing of **Your** Personal Information falls under the Info Act, **You** have the right to request from **Us** (a) information on the processing of **Your** Personal Information, (b) correction of **Your** Personal Information or (c) the blocking or erasure of **Your** Personal Information save for Personal Information subject to mandatory data processing. **We** shall give information in writing, in a simple form, pursuant to **Your** request within the shortest amount of time from the submission of the request, but within 25 days. If **We** do not fulfil **Your** request concerning correction, blocking or erasure, then **We** shall communicate in writing or, with **Your** consent, electronically the factual and legal reasons of the rejection of the request concerning the correction, blocking or erasure within 25 days from the receipt of the

request. In cases defined in Section 21 of the Info Act **You** may object to the processing of **Your** Personal Information. **We** examine the objection within the shortest amount of time from the submission of the request, but maximum within 15 days, make a decision concerning its substantiation and notify **You** on **Our** decision. When **Your** rights are breached, **You** may sue **Us** before court. The dispute – pursuant to **Your** choice– can be initiated in front of the tribunal based on **Your** address or place of residence. When **Your** rights related to the Personal Information, **You** may also turn to the Hungarian Authority for Data Protection and Freedom of Information (Nemzeti Adatvédelmi és Információszabadság Hatóság, 1125 Budapest, Szilágyi Erzsébet fasor 22/C.; telephone: +36-1+391-1400; telefax: +36-1-391-1410; email: ugyfelszolgalat@naih.hu) applying for an investigation. The detailed data protection rights and remedies are set out in the sub-chapters 13-17 and sub-chapter 30 of the Info Act.

For questions regarding **Your** Personal Information, please contact:

Tel: +36 1 7777 348

Email: travelinsurance@inservis.com

*

Information on Distance selling and status of acting Intermediary

Intermediary status: Exempted ancillary insurance intermediary as per subsection (1) of section 368 of the Insurance Act

Information on the insurer

1. The Insurer's information

Name: Chubb European Group SE

Seat and contact address: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France.

Court of registration: registration number 450 327 374 RCS Nanterre, kept by Commercial Court of Nanterre Principal activity: non-life insurance

Supervisory authority: French Financial Supervisory Authority (Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09.

Information of the Insurer's representative in Hungary

Name: Chubb European Group SE Magyarországi Fióktelepe

Seat and contact address: 1054 Budapest, Szabadság tér 7., Bank Center,

Court of registration: Fővárosi Törvényszék Cégbírósága, registration no.: Cg. 01 17 000467

Principal activity: non-life insurance

Supervisory authority: National Bank of Hungary (Magyar Nemzeti Bank (MNB); 1013 Budapest, Krisztina krt. 39.)

Registration no. at MNB: 22384407

web:www.chubb.com/hu

customer service
email:ugyfelszolgalat@chubb.com

customer service telephone:+36 1 487-4087

Complaints handling procedures are detailed on 18 page of this Policy.

2. Information of the insurance intermediary

Name: Wizz Air Hungary Ltd.

Seat and contact address: 1103 Budapest, Kőér utca 2/A. B. ép. II-V

Court of registration: Fővárosi Törvényszék Cégbírósága, registration no.: Cg. 01-10-140174

Principal activity: passenger air transport

Information on the service

1. The Policy Wording includes the main characteristic of the distance contract's subject-matter.
2. The Policy Wording includes the information about the remuneration, including any other payment obligation related to the service.
3. The Policy Wording and the domestic law in force include all the payment obligation of the **Person Insured** beyond the insurance fee.
4. The Policy Wording includes the terms of the payment and performance.
5. The **Insurer** does not charge the **Person Insured** for using distance communication.

Information on the Policy

1. Cancelling the Policy

According to the law the **Person Insured** is entitled to cancel the Policy without any reason with an immediate effect within 14 days after concluding the Policy. This does not affect the cancellation rights of the **Person Insured** ensured in the Policy Wording.

Special cases of the cancelling:

- (a) If the **Person Insured** receive the Policy Wording or the present Distance Selling Information Report (hereinafter jointly: "**Information Report**") only after concluding the Policy, the **Person Insured** is entitled to cancel the Policy from concluding the Policy until the 14th day after receiving the **Information Report**.
- (b) If the **Insurer** has not provided any information for the **Person Insured**, the **Person Insured** is entitled to cancel the Policy from concluding the Policy until the 14th day after receiving the **Information Report**, but latest within a one-year limitation period after concluding the Policy.
- (c) If the **Insurer** has not provided an adequate information for the **Person Insured**, the **Person Insured** is entitled to cancel the Policy from concluding the Policy until the 14th day after receiving all the information in accordance with the distance selling act, but latest within a three-month

limitation period after concluding the Policy.

- (d) If the **Insurer** has not provided any information for the **Person Insured** about the cancelling rights under law, or about that the **Person Insured** is not entitled for this cancelling right, terms, about methods and legal consequences of practicing the cancelling rights, moreover about the address (electronic mail address or fax number) to which the **Person Insured** must send the cancelling declaration, the **Person Insured** is entitled to cancel the Policy from concluding the Policy until the 14th day after receiving all the information in accordance with the distance selling act, but latest within a three-month limitation period after concluding the Policy.

The **Insurer** consider that the **Person Insured** made use of its cancelling right in time, if the **Person Insured** send his/her cancelling declaration within the above periods to the post address of the **Insurer** with a justification (Chubb European Group SE Magyarországi Fióktelepe, 1054 Budapest, Szabadság tér 7., Bank Center), or by fax (+36 1 487 4081) or by email (ugyfelszolgalat@chubb.com) to the **Insurer**.

The **Person Insured** is not entitled to cancel the **Policy** in the following cases:

- (a) in case of travel and baggage insurances as well as similar short-term insurances, provided that the period of such insurances does not exceed 1 month;
- (b) after the full performance of the Policy by both parties, if the **Person Insured** expressly requested the performance.

Before the time limit for the cancelling expires, the **Insurer** is entitled to perform only with the **Person Insured's** approval. The **Person Insured** acknowledges that with accepting the Policy Wording he/she expressly approves to perform at the time of conclusion.

If the **Person Insured** cancels the Policy, the **Insurer** can require a remuneration that is proportionate to the service actually provided by the **Insurer** in accordance with the Policy. The **Person Insured** may not be required to pay more than proportionate the sum for the service actually provided by the insurer in accordance with the Policy to the full payment obligation in accordance with the Policy, and may not be required to pay an

amount that deemed to be a sanction. The **Person Insured** may be required to pay for the services related to the Policy's conclusion a proportionate sum to the other services covered by the Policy, and actually provided by the **Insurer**, which are the subject of the Policy. (Hereinafter the sum defined in this section: "**Proportionate Amount**")

The **Proportionate Amount** can be requested only if the **Insurer** justifies that the **Insurer** provided all the information about the cancelling rights for the **Person Insured**. If the time limit for cancelling was extended, the insurer cannot require the remuneration for the services performed during the extended period, so until the Insured Person receives all the information in accordance with the law.

If the **Insurer** started to perform before the cancelling period expires without the approval of the consumer, the consumer cannot be requested to pay the **Proportionate Amount**.

The amount paid by the **Person Insured** must be remunerate (except the **Proportionate Amount**) immediately, but latest within 30 days after receiving the cancelling declaration.

The **Person Insured** is obliged to remunerate the sum paid by the insurer immediately, but latest within 30 days after sending the cancelling declaration

2. Other provisions

The Policy Wording includes the information about the shortest period of the Policy.

The Policy Wording, the present information report and the domestic law in force include the information about the unilateral termination of the Policy.

The Hungarian law is applicable for the parties' obligation to cooperate and communicate before the conclusion. The previous communication goes in Hungarian. The Policy can be concluded only in Hungarian. During the **Period of Insurance** the **Insurer** contact the **Person Insured** in Hungarian.

Information on the dispute resolution proceedings

1. The Policy Wording includes the information for the disputes resolution in judicial or unjudicial proceedings.
2. No Guarantee Fund is available in relation with the Policy.

If You have any questions related to the Policy, You can access to the **Insurer's** helpdesk on the following contacts: address:

1054 Budapest, Szabadság tér 7., Bank Center.; tel.: +36 1 487 4087; email: ugyfelszolgalat@chubb.com

Contact Us

Chubb European Group SE,
Hungary Branch Office,.

1054 Budapest,
Szabadság tér 7.
Bank Center,
www.chubb.com/hu

About Chubb

The new Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients.

The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally.

The insurance companies of Chubb serve multinational corporations, midsize and small businesses with property and casualty insurance and services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, home and car insurance and other specialty insurance coverage; companies and affinity groups providing or offering accident and health insurance programmes and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage. Chubb's core operating insurance companies maintain financial strength ratings of AA from Standard & Poor's and A++ from A.M. Best. Chubb's parent company is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

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Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre, kept by Commercial Court of Nanterre, and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Chubb European Group SE has fully paid share capital of €896,176,662 and is supervised by the French Financial Supervisory Authority (Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09. Chubb European Group SE performs its activity in Hungary through Chubb European Group SE Magyarországi Fióktelepe with registration number 01-17-000467, kept by the Metropolitan Court as Court of Registry, and the following registered office: 1054 Budapest, Szabadság tér 7. The local supervisory authority is the Hungarian National Bank (1013 Budapest, Krisztina krt. 39.) Chubb European Group SE will release and publish its Annual Report on Solvency and Financial Status by 22 April each year.