

General Terms and Conditions of Insurance - Bulgaria

GTCI - valid from 01.04.2019

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Only those parts of the insurance terms and conditions apply, which correspond to the relevant range of services of your insurance package. Please inform yourself about the exact scope of coverage by studying the product description sheet for your chosen product, you received when purchasing your insurance policy. The governing law shall be the law of Bulgaria and the place of jurisdiction shall be Sofia.

Important: These insurance conditions in English are for information purposes only. Only the current insurance conditions in Bulgarian are an integral part of the contract. Bulgarian only will be used to make claims, to issue the policy, to process claims, etc.

- 3. Geographic scope of the insurance**
The geographical scope of validity, resp. outside of the place of residence or work:
"Foreign travel health Insurance and Assistance Benefits guarantee coverage only abroad/out of the country of residence or work."
"Europe": Europe in the geographical sense, incl. the Mediterranean States, Madeira, Canary Islands, Azores and Russian Federation.
"Worldwide without USA/Canada": all countries in the world without USA/Canada
"Worldwide" or "worldwide including USA/Canada": all countries in the world including USA/Canada
Exception: No insurance coverage is provided for North Korea.

General terms and conditions applicable to all sections

Insurance definitions

Illness - a combination of clinical complaints and manifestations, diagnosed in a health care facility or by a competent medical practitioner and are registered in an official medical document, which may lead to reducing the insured person's capacity for work.

Accident - an event, which has occurred as a result of external forces of fortuitous and unforeseeable nature beyond the insured person's will, during the validity of the insurance, causing injury to the insured person.

Rescue costs - costs incurred for search and rescue operations caused by an accident of the insured persons on land, in air and water, first aid and transport of the insured person.

Personal third-party liability - liability for property damage and bodily injury caused to third parties as a result of acts, omissions or negligence.

Compensation - an amount payable for settlement of claims resulting from damages, injury or loss.

Hospitalisation - a combination of actions for referral and admission of a patient to a hospital for the performance of the necessary medical tests, prescription of a treatment and its administration.

Epidemic - A contagious disease that spreads rapidly and widely among the population in an area and which is recognized as an epidemic by the World Health Organization (WHO) or a local authority in Bulgaria.

Pandemic - An epidemic that spreads among the population in many countries or continents and which is recognized as a pandemic by the World Health Organization (WHO).

Quarantine - Mandatory confinement, imposed on the insured person by order of a government or authority because the insured person is suffering from a contagious disease (including an epidemic or pandemic disease such as Covid-19) or because the insured person is suspected of having contracted such a disease. This does not include quarantine which applies generally or to part or all of the population, a vessel or a geographical area, or which applies on the basis of the place to which the person is travelling, from or through which he is travelling.

Any changes to a concluded insurance contract shall be made only in writing by mutual agreement between the insured person and the insurer, or in the cases prescribed by the law.

I Insured events

An insured event shall be the occurrence of a risk covered by an insurance policy, from which an obligation arises for the insurer to settle a claim for insurance compensation. The risks covered by the policy are exhaustively listed in the individual insurance sections, excluding their analogous extension.

II Agents or, respectively, assistants

No agent shall be authorised to accept insurance cover by way of oral or written agreements deviating from the specified terms and conditions of insurance or to make binding assessments for the insurer of any objective circumstances. The supplementary terms and conditions, or, respectively, their deviations, shall be only valid if made in writing and executed by the insurer on behalf of the company.

1. Insured persons. Exclusions.

1.1. Insured persons, hereinafter referred to as the insured persons, can be Bulgarian nationals travelling abroad or foreign nationals travelling outside Bulgaria, provided that they have had their place of residence in the Republic of Bulgaria for at least six months at the time of conclusion of the insurance contract. A maximum of 2 adults and 5 minors /up to 21 years/, regardless of the degree of relationship, can be included in the family insurance by naming them as co-insured persons in the policy.

1.2. No insurance cover shall be provided for events relating to:
1.2.1. mental disorders and diseases of the nervous system (with the exception of their initial onset with hospitalisation after the time of booking or conclusion of the insurance contract); organ transplantation, dialysis; HIV+; mental or physical difficulties;
1.2.2. the following diseases and existing conditions in connection with insurance cover in the event of trip cancellation, trip curtailment and costs incurred for treatment abroad, if the insured person has undergone in-patient and/or out-patient therapy in the last 12 months prior to the conclusion of the insurance contract (in the event of "Annual Insurance" before booking the trip): heart diseases; strokes; cancer diseases; diabetes (type 1+2); migraine; epilepsy; multiple sclerosis.

2. Conclusion, period of insurance, beginning and end of the insurance cover

2.1. The insurance contract shall be concluded in writing in the form of an insurance policy and shall be signed by the insured person or by his/her representative. The insurance contract may also be concluded by a third person, referred to as the policyholder, who has all the obligations of the insured person at the time of conclusion of the contract, including the obligation to pay the insurance premium.

2.2. The details of the insured person/s - name and address - shall be entered in the policy. The insurer may additionally request in writing any other information that in the insurer's opinion may be relevant to the assessment of the insurance risk.

2.3. The insurance shall be concluded for one individual and/or his/her family members. If an organised group of people is insured, a list of the insured persons shall be enclosed with the policy, which shall be an integral part of it.

2.4. The insured person /policyholder/ shall be responsible for the truthfulness, accuracy and completeness of the information and statements provided at the time of conclusion of the insurance contract. The issue of the insurance policy by the insurer shall not relieve the insured person from the consequences of any misstatement or non-disclosure of circumstances or withholding of new circumstances.

2.5. If the insured person /policyholder/ has deliberately misstated or held back a circumstance, in the presence of which the insurer would not have concluded the insurance contract, the insurer shall be entitled to terminate the insurance contract. The insurer shall be entitled to exercise this right within a month of becoming aware of this circumstance.

2.6. In the events as per items 2.4. and 2.5. the insurer shall not refund the premiums paid.

2.7. If the deliberately misstated or non-disclosed circumstance is such that the insurer would have signed the insurance contract but under other terms and conditions, the insurer may require its amendment. The insurer shall be entitled to exercise this right within a month of becoming aware of the circumstance. If the insured person does not accept the proposed amendment within two weeks of its receipt, the contract shall be terminated with the effects as per item 2.6.

2.8. When the insured event occurs in the cases as per items 2.4. and 2.5., the insurer may refuse to pay, fully or partially, the insurance compensation, only if the misstated or non-disclosed circumstance has affected the occurrence of the insured event. When the circumstance as per item 2.4. or 2.5. has only had the effect of increasing the amount of damages, the insurer may reduce the insurance compensation amount pro rata to the ratio between the amount of the premium paid and the premium due according to the actual insurance risk.

2.9. For the Trip Cancellation clause, the insurance cover shall begin upon conclusion of the insurance contract and shall end upon commencement of the trip. The conclusion of the insurance contract and the payment of the insurance premium for insurance packages with trip cancellation cover must take place on the day of booking the trip or max. 3 days after booking the trip. If concluded at a later day, only events that occur after the 10th (tenth) day after conclusion shall be insured (exceptions: accident, death, natural disaster. In case the travel is booked less than 30 days prior to departure, the insurance policy must be purchased not later than 3 days after booking the travel.

2.10. In the other cover sections the insurance cover shall commence at the time of start of the trip from Bulgaria known at the time of conclusion of the policy and shall be valid until the end of the trip. If the date of issue of the policy and the start of insurance are identical, the insurance cover shall commence at 00:00 a.m. on the following day and shall end at 12:00 a.m. on the day, indicated as the end of the insurance cover.

The insurance cover shall be valid only if the insurance premium has been paid before the start of the trip from Bulgaria.

Prolongation or reduction of the insured period of an insurance policy already in force is not allowed, as well as the conclusion of consecutive insurance policies for the same person and travel for the purpose of obtaining longer insurance period than the one previously defined in the product description part of every insurance product

4. Sum insured

The insurer's liability under each individual clause shall be to the amount of the Sum Insured under the relevant clause, regardless of the number of insured events that have occurred during the period of insurance. If the insurance cover is valid for more than one trip, the respective sum insured shall be the maximum insurance cover for the total of all events with an inflicted damage within a cover section (cancellation, baggage, medical expenses cover, etc.) during the period of insurance (exception: annual cover). The maximum sum insured is mentioned in the respective product description. For the single tariff, the max. sum insured applies to the insured person; For the family tariff, the max. sum insured applies to the insured family. To purchase multiple policies for the same person/travel/travel duration, does not cause a multiplication of the insurance sum.

5. Claims against third parties

All insurance services are subsidiary, i.e. they shall be provided if no compensation can be obtained from any other existing insurance (e.g. private or social insurance).

6. Exclusions applicable to all covers

In addition to the following general exclusions from insurance cover, the additional special exclusions in the respective cover sections shall also apply.

- 6.1. The insurer shall not be liable to pay compensation for events which:
 - 6.1.1. are caused intentionally or by gross negligence of the insured person;
 - 6.1.2. are associated directly or indirectly with unrest, acts of war or terror of any kind;
 - 6.1.3. are caused by strikes;
 - 6.1.4. are caused as a result of acts of violence associated with public gatherings or demonstrations, if the insured person actively participates in such events;
 - 6.1.5. are caused by the suicide or attempted suicide of the insured person;
 - 6.1.6. are caused as a result of official orders;
 - 6.1.7. are caused directly or indirectly through the effect of exposure to ionizing radiation;
 - 6.1.8. are incurred on the insured person as a result of use of alcohol, drugs or medications or due to postponement of a prescribed therapy;
- 6.1.9. occur during motor sports competitions (test runs and rallies) and the associated training for such events;
- 6.1.10. have already occurred or were expected to occur at the time of conclusion of the insurance contract, or respectively the start of the trip. This shall be also applicable to complaints preceding the conclusion of the insurance contract;
- 6.1.11. occur as a consequence of epidemics and pandemics; Cover exists in the context of epidemics and pandemics exclusively within the framework of the provisions specified in the areas of cancellation cover, trip curtailment and foreign travel health insurance.
- 6.1.12. occur on trips undertaken or not immediately curtailed despite travel warnings by the Ministry of Foreign Affairs;
- 6.1.13. are attributable directly or indirectly to natural disasters, seismic phenomena or environmental influences;
- 6.2. Loss of holiday enjoyment shall not be compensated.
- 6.3. Costs for obligatory or precautionary health tests, which are necessary for the start, continuation or return of the journey, will not be reimbursed

7. Actions by the insured person upon the occurrence of an insured event

In addition to the following general obligations, the special obligations in the respective cover clauses shall also apply.

The insurer shall be relieved from the obligation to provide its services, if the insured person fails to comply with the following provisions:

- 7.1. to avoid any unnecessary and additional costs, associated with the damage which has already occurred;
- 7.2. to directly notify the insurer of the damage and to comply with the latter's instructions;
- 7.3. to submit a brief description of the circumstances related to the occurrence of the event and to provide proof of it. The insured person shall be obligated to provide any relevant information and to submit any medical reports, epires, original receipts and invoices for paid costs and any other documents confirming the event, the incurred costs and their amounts. By concluding the insurance contract, the insurer shall be deemed authorised to receive any information required in connection with the insured event by third parties /medical facilities, medical practitioners, etc./, including in the cases of obtaining information which represents an official or professional secret;
- 7.4. Any claims for loss and damages against third parties shall be ascertained in the due form and within the agreed time period, and, if required, shall be assigned to the insurer up to the amount of the compensation paid;
- 7.5. Any damages, resulting from criminal acts, shall be reported immediately to the relevant authorities providing the evidence available, the amount of the damage and written explanations;
- 7.6. Any evidence, such as police records, certificates by tour guides, invoices issued by medical practitioners and hospitals, proofs of purchase, etc. shall be submitted to the insurer in the original.

8. 24-hour emergency call centre +359 2 950 38 50

The insured person can request assistance via the 24-hour emergency call centre upon the occurrence of emergency situations within the framework of the general terms and conditions. The 24-hour emergency call centre shall decide on the choice and implementation of the appropriate assistance measures. Without immediate notification of the 24-hour emergency call centre there shall be no right to compensation for the following cover clauses: Trip curtailment, Extra return travel, International travel health insurance and Accident insurance.

9. Loss of entitlement to compensation

9.1. If the insured person or his/her representative makes a claim for compensation under the insurance policy, knowing that it is based on false information regarding its grounds or amount, the payment of any compensation shall be refused, and the insurance shall be terminated without refunding the insurance premium paid.

10. Payment of insurance compensation

10.1. If legal proceedings are initiated in connection with an insured event covered by the policy, the date of payment of the insurance compensation shall be after the termination of the proceedings.

10.2. The insurance compensation shall be paid within 15 days after the date of submission of the last document required by the insurer.

11. Rights of recourse

11.1. If the damages have been caused by third parties, the insurer shall assume the rights of the insured person against them to the amount of the compensation paid and expenses incurred.

11.2. The insured person's waiver of his/her rights against third parties shall have no effect with regard to the insurer.

11.3. If the client, not availing himself/herself of his/her rights, prevents the insurer from exercising its rights of recourse, the insurer shall be entitled to reduce the amount of the insurance compensation.

12. Data privacy

Personal data of the insured person (also personal data regarding health) are collected and processed, if this is necessary for the performance of the insurance contract. Personal health data can also be forwarded to a medical consultant, as long as this is necessary for verifying the insurer's obligation to provide indemnification, and as long as adequate usage of the data is secured. For the same means and under the same conditions, requests to other insurance companies can be sent and requests from other insurance companies can be answered. The insured person will give her/his approval when filling out and signing the respective claims form. Where applicable, data can also be forwarded a reinsurance company.

Trip cancellation insurance

1. Insured costs

1.1. The contractually payable penalties for cancellation of the insured trip before its start depending on the time of occurrence of the insured event. The additional costs for later cancellation shall not be compensated.

- 1.2. • If flights are booked at net prices, the ticket service charge: a maximum of BGN 130.00 (if prices exceed BGN 1,300.00, 10% of the total price at the maximum) and the operator's booking fee.
 • In the case of other bookings, the booking fee charged to the customer: a maximum of BGN 50.00/person or, respectively, BGN 100.00/trip, if the agreed payments, fees and charges appear on the booking confirmation and are calculated in the amount of the sum insured.

2. Insured events

- 2.1. A sudden serious illness (including a disease that has been declared an epidemic or a pandemic, such as Covid-19), intolerance to vaccines (only in the case of prescribed vaccines), accidental injury or death of the insured person. An illness shall be considered to be serious, if it decisively causes incapacity to travel and work. Reference is made to item 1.2. of the GTCI for the listed exclusions applicable to all sections.
 Quarantine (according to the "Insurance definitions" section of the "General Terms and Conditions applicable to all Sections")
 2.2. Worsening of an existing bodily condition of the insured person shall be equivalent to item 2.1. Reference is made to item 1.2. of the GTCI for the listed exclusions applicable to all sections.
 2.3. Pregnancy of the insured person, if the pregnancy has been ascertained and confirmed by a medical practitioner after the conclusion of the insurance contract and booking of the trip.
 2.4. Unexpected termination of employment by the employer.
 No insurance cover shall be provided in the event of expiry of a temporary contract or termination of employment by mutual agreement or cancellation of the trip due to exceptional professional situations.
 2.5. Refusal of Visa without legal cause by the competent authority.
 2.6. Filing a petition for dissolution of marriage by the spouse of the insured person.
 2.7. If natural disasters or a burglary have resulted into severe damage to the property of the insured person and his/her presence is therefore imperative.
 2.8. Failure to pass the matriculation examinations.
 2.9. A sudden serious illness (including a disease classified as an epidemic or pandemic, such as Covid-19, if it is classified as life-threatening for the person concerned and therefore requires intensive care hospitalisation), serious accidental injury or death of the following persons: a spouse, a domestic partner (identical registered address for the past 3 months), parents (step-parents, parents-in-law, grandparents), children (stepchildren, adoptive children, biological children, grandchildren), siblings, relatives-in-law such as sisters- and brothers-in-law or individuals at risk named in person in the policy. (1 person at risk per policy is possible. For group policies the following applies: no person at risk possible if more than 16 insured persons are mentioned in one policy). Domestic partners are treated the same as spouses. The exclusions as per item 1.2.1. of the GTCI applicable to all sections shall apply to the aforementioned persons. Aggravation of existing conditions of the above persons at the time of conclusion of the insurance contract and the need for care shall not be considered an insured event.
 2.10. An insured event also exists for up to 7 persons who have booked a trip together and have been jointly insured with AWP P&C S.A., if one of the reasons in accordance with items 2.1. and 2.9. occurs for only one of these 7 persons.

3. Specific exclusions

Besides the exceptions applicable to all sections set forth in item 6 of the GTCI, no insurance cover shall be provided in the following cases:

- 3.1. if the travel agency cancels the contract;
 3.2. for events and illnesses caused by alcohol or drug abuse;
 3.3. if an event or complaint has already occurred or was expected at the time of conclusion of the insurance contract;
 3.4. for scheduled or expected surgeries, postponed surgery appointments or medical interventions, if the trip cannot be started due to the delay of a healing process or therapy, in case of consent to treatment.
 4. **Actions upon the occurrence of an insured event**
 Besides the obligations under the GTCI applicable to all sections - and upon failure of the insured person to observe these obligations, the insurer shall not settle any insurance claims - the following shall also apply:
 4.1. After the occurrence of an insured event based on health reasons, **the booking agency (e.g. the tourist office or travel agency) and the insurer must be notified in writing within 48 hours or two business days** to enable the insurer to consult a medical examiner to assess the harm or injury.
 4.2. The insured person shall be obligated to comply immediately with the order for examination by the medical examiner.
 4.3. The following documents must be sent to the insurer:
 - a certificate of insurance (policy);
 - a fully completed claim form;
 - the booking confirmation of the tour operator;
 - a cancellation invoice and a table with the tour operator's cancellation policy;
 - detailed medical documents, including medical history related to the case of illness (e.g. patient's records, treatment records, results from expert examinations);
 - a sick note;
 - medical records of the mother and the child;
 - a death certificate, proof of relationship (e.g. a marriage certificate, a birth certificate);
 - proof of cohabitation by means of a registration form or other;
 - a petition for divorce/notice of termination of an employment contract, etc.;
 - a school certificate, a high school leaving certificate, a matriculation certificate.

Trip curtailment

1. Insured costs

- 1.1. Booking costs, unused travel services (e.g. hotel accommodation, car rentals, tours). The day of departure, or, respectively, the day of occurrence of the insured event, shall be considered a used travel or rental day.
 1.2. Any possible reimbursements or compensation payments made directly to the insured person shall be deducted from his/her claims against AWP P&C S.A. in accordance with item 1.1.
 1.3. The costs of a booked return trip shall not be compensated.

2. Insured events

- 2.1. Any events that endanger the physical safety of the insured person at the holiday resort, therefore making continuation of the trip unreasonable;
 2.2. Any events referred to in the trip cancellation insurance in items 2.1., 2.2., 2.7. and 2.9., and which are the reason for trip curtailment.

3. Specific exclusions

The exclusions set forth in item 6 of the GTCI applicable to all clauses, as well as the specific exclusions set forth in item 3 of the Trip Cancellation Insurance clause shall apply.

4. Actions upon the occurrence of an insured event

Besides the obligations under the GTCI applicable to all sections - and upon failure of the insured person to observe these obligations, the insurer shall not settle any insurance claims - the following shall also apply:

- 4.1. The insurer shall be entitled to refuse to settle the claims without immediate notification of the 24-hour emergency call centre on the occurrence of the insured event.
 4.2. The following documents must be sent to the insurer:
 - a certificate of insurance (policy);
 - the booking confirmation of the tour operator;
 - a certificate issued by the lessor/tour guide as to the trip curtailment;
 - a certificate issued by the tour operator as to the non-reimbursable travel services;
 - a medical certificate (with the patient's name, diagnosis and treatment details) issued by the medical practitioner locally, who gave the written prescription to curtail the trip, as well as by the medical practitioner who has taken over the treatment in Bulgaria;
 - a death certificate;
 - other official certificates;
 - a sick note issued by a medical practitioner in compliance with the requirements of the health insurance fund.

Extra return travel

1. Insured costs

- The following shall be insured
 1.1. The additional return travel costs in the event of early or delayed return of the insured person from abroad according to the type and quality of the booked and insured trip, provided that the return travel was included in the insurance contract.

2. Insured events

- 2.1. Any events that endanger the physical safety of the insured person at the holiday resort, therefore making continuation of the trip unreasonable. Also events in accordance with point 6.1.13. of the general conditions for all cover sections, if the bodily safety of the insured person is endangered. Any events listed in the trip cancellation insurance as per items 2.1., 2.2., 2.7. and 2.9.
 2.2. An insured event also exists for up to 7 persons on a policy who have booked a trip together and are jointly insured with AWP P&C S.A., if one of the reasons occurs for just one of those 7 persons.

3. Specific exclusions

The exclusions set forth in item 6 of the GTCI applicable to all sections, as well as those set forth in the Trip Cancellation Insurance section shall apply.

4. Actions upon the occurrence of an insured event

Besides the obligations under the GTCI applicable to all sections - and upon failure of the insured person to observe these obligations, the insurer shall not settle any insurance claims - the following shall also apply:

- 4.1. The insurer shall be entitled to refuse to settle the claims without immediate notification of the 24-hour emergency call centre on the occurrence of the insured event.
 4.2. The following documents must be sent to the insurer:
 - a certificate of insurance (policy);
 - the booking confirmation of the tour operator;
 - a medical certificate (with the patient's name, diagnosis and treatment details) issued by the medical practitioner locally, who gave the written prescription to return from the trip, as well as by the medical practitioner who has taken over the treatment in Bulgaria;
 - a death certificate;
 - other official certificates;
 - a sick note issued by a medical practitioner in compliance with requirements of the health insurance fund;
 - the original extra return travel tickets, a boarding pass, etc.

International travel health insurance and accident insurance (while travelling)

1. Insured events

- 1.1. The following are insured in accordance with the insured sum of the booked insurance package - unforeseen acute illness abroad (including a disease classified as an epidemic or pandemic, such as Covid-19)

- unforeseen and acute worsening of an existing disease abroad
 - accident

- Quarantine (according to the "Insurance definitions" section of the "General Terms and Conditions applicable to all Sections")

2. What applies as being an accident?

An accident within the meaning of the contract shall mean a fortuitous event beyond the insured person's will, which has a sudden external mechanical impact on his/her body and has a bodily injury or death of the insured person as its consequence.

The following shall also apply as being accidents:

- 2.1. tendon stretching, muscle tears and tendon ruptures;
 2.2. poisoning or chemical burns, ingestion or inhalation of toxic and corrosive substances, liquids or gases;
 2.3. drowning.
 3. **Insured costs**
 3.1. The necessary costs for medical practitioners, ambulance transport, hospitalisation and medications in the event of an accident or an acute illness occurring abroad shall be insured.
 3.2. The costs for single medically necessary transport for in-patient or out-patient treatment to the nearest hospital abroad and back to the place of accommodation.
 3.3. Recovery, search and rescue costs.
 3.4. Emergency transport/transport to the home country.
 3.4.1. Transport to the home country in the event of medical necessity (including air ambulance, if required). If the medical care locally is not sufficient and the insured person can be transported with the agreement of the locally attending medical practitioner to another location, the medical manager of AWP P&C S.A. shall take over the organisation and implementation of the transport to the home country.
 3.4.2. Transport to the home country without medical necessity (excluding air ambulance). At the request of the insured person or the insurer in the case of hospitalisation of more than 3 days, the insured person shall be transported to the home country, if the transport can take place without an air ambulance, provided that the fitness for travel is confirmed by a medical practitioner.
 3.4.3. The transport to the home country shall take place to the country of permanent residence/resp. Bulgaria. The specific form of the return transport shall be selected by the insurer in accordance with the medical necessity.
 3.4.4. No entitlement to emergency transport and transport to the home country shall be accepted if the insured person receives compensation for the incurred emergency transport costs from a third party or organises the transport himself/herself. Nevertheless, if transport takes place, the insured person shall assign to AWP P&C S.A. all his/her claims against other insurers.
 3.5. Additional costs for the outward travel of a family member.
 In the event of hospitalisation of more than 5 days, at the request of the insured person, AWP P&C S.A. shall cover the outward and return travel costs (excluding the accommodation costs) of a family member of the insured person to the place of hospitalisation, or the accommodation costs, or, respectively, the rebooking costs (according to the type and quality of the booked and insured trip) of a travelling companion of the insured person in the event of a delayed return trip of up to one week.
 3.6. Repatriation of the body in case the insured dies during the journey, or optional the costs for a funeral at the place of death abroad, including the additional travel costs for relatives to get to the place of funeral abroad.
 3.7. Additional hotel costs in connection with a quarantine (according to the "Insurance definitions" section of the "General Terms and Conditions applicable to all Sections"), up to a maximum of 2,000 BGN per insured person
 4. **Permanent disablement and death (caused by an accident)**

- 4.a. Disablement
 In the case of disablement, the compensation calculated in accordance with the following principles shall be paid, if permanent disablement is still present within a year of the accident. A treatment/therapy to minimize the consequences of the accident of minimum 6 months constantly is a precondition
 The compensation shall be calculated according to the degree of disablement and the agreed sum insured. The total insurance compensation paid for the occurrence of insured events for several bodily parts or organs shall be limited to the sum insured.

- 4.a.1. Degree of disablement in the event of complete loss or complete unfitness /permanent incapacity for work/:

- an arm from the shoulder joint down	70%
- an arm up to above the elbow joint	65%
- an arm below the elbow joint or a hand	60%
- a thumb	20%
- an index finger	10%
- other fingers	5%
- a leg up to above the middle of the thigh	70%
- a leg up to the middle of the thigh	60%
- a leg up to the middle of the lower leg or foot	50%
- a big toe	5%
- other toes	2%
- loss of vision in one eye	30%
- loss of vision in both eyes	100%
- if the vision in the other eye was already lost prior to the occurrence of the insured event	60%
- loss of hearing in one ear	15%
- loss of hearing in both ears	60%
- if the hearing in the other ear was already lost prior to the occurrence of the insured event	30%
- loss of sense of taste	5%

Indemnification is paid for a level of permanent disability of min. 1% or min. 50%, according to the chosen product.

- 4.a.2. In the case of partial loss or partial unfitness /temporary incapacity for work/, a corresponding lower degree of disablement shall be assumed.
 4.a.3. For cases not listed above, the determination of the degree of disablement shall be correspondingly based on the above percentages.
 4.a.4. Aggravation of the disabilities from the accident as a result of bodily defects in existence prior to the conclusion of the insurance contract shall not provide an entitlement to higher disablement compensations. If any illnesses or disabilities which existed prior to the accident influence the consequences of the accident, the sum insured or the relative share of the illness or disablement shall be reduced.

- 4.b. Death of the insured person
 4.b.1. If the insured person dies as a result of one of the accidents listed above or of its consequences within five years of the accident, the insurer shall pay the agreed insurance compensation. Disbursement of the compensation in the event of death of the insured person shall be made to the rightful heirs upon submission of a certificate of inheritance, unless the insured person has given another direction stating otherwise. Payments already made for permanent disablement as a result of the same event shall be deducted from the sum insured payable in the event of death of the insured person.
 4.b.2. If death due to the accident occurs within one year of the accident, the insurer shall not be liable to pay disablement compensation.
 4.b.3. If the insured person dies from a cause not related to the accident and disablement compensation has already been claimed, the degree of disablement shall be determined on the basis of the last ascertained medical assessment.
 5. **Payment of insurance compensation on the grounds of permanent disablement**

As soon as the insurer has received the documents required as proof of the accident and of the consequences of the accident and the expert opinion of the Territorial Work Capability Assessment Commission, respectively the National Work Capability Assessment Commission, certifying the permanent disablement of the insured person, the insurer shall be obligated to declare within three months whether and to what extent the insured person is entitled to a claim.

6. Period of insurance

If the insured person is incapable of being transported to the home country due to the consequences of the accident or illness abroad, the obligation to provide services shall expire 2 months after the occurrence of the insured event.

7. How is the insurance compensation of the insured person calculated if the treatment costs are also insured elsewhere?

If there are several insurance policies with licensed companies, these shall be paid only once.

8. Specific exclusions

Besides the exclusions applicable to all sections set forth in item 6 of the GTCI, no insurance cover shall be provided in the following cases:

- 8.1. medical treatment or other rehabilitation measures prescribed by a medical practitioner as the reason for the trip or whose necessity was known or expected prior to the conclusion of the insurance contract and/or to the start of the trip;
- 8.2. utilisation of the local curative resources (e.g. health resorts);
- 8.3. slimming or beauty treatments;
- 8.4. events as a consequence of conditions of fatigue and exhaustion;
- 8.5. pregnancy, childbirth after the 36th week of pregnancy, termination of pregnancy or treatments as a consequence of contraceptive measures;
- 8.6. dental conservation treatment and prosthetic dentistry or treatment which do not serve the purpose of primary care for immediate pain relief;
- 8.7. provision of medical aids (e.g. spectacles, prostheses, etc.);
- 8.8. vaccinations, medical assessments and conclusions;
- 8.9. events that occur while exercising a vocational manual activity or during military service;
- 8.10. check-ups, additional treatment and therapy;
- 8.11. additional costs or special services (e.g. telephone, TV, etc.) in hospital;
- 8.12. telephone or taxi expenses of the insured person or of his/her accompanying persons (except for ambulance transport in accordance with item 3.2.);
- 8.13. additional hotel or taxi expenses of accompanying persons (exclusion - item 3.4.);
- 8.14. quarantine costs;
- 8.15. medical treatment and return ambulance transport in connection with alcohol or drug abuse;
- 8.16. damage to health caused by flying in any kind of aircraft, unless the insured person uses as a passenger a motor or jet-engine aircraft authorised for civil air transport;
- 8.17. practising extreme sports (the pushing of athletic boundaries relating to sports, meaning that the athlete is meeting its technical, logistical, physical and psychological limits and what is associated with high risk for its life and health), skydiving or the like; extreme mountain tours without a qualified mountain guide, tours above 6,000 m and tours not booked in a travel package, expeditions, sports activities in white water;
- 8.18. driving motor vehicles, if the insured person does not hold the prescribed driving license;
- 8.19. diving without a certificate of competence for the corresponding depth;
- 8.20. death or disablement, which occurs at least 5 years after the accident event.

9. Actions upon the occurrence of an insured event

Besides the obligations under the GTCI applicable to all sections - and upon failure of the insured person to observe these obligations, the insurer shall not settle any insurance claims - the following shall also apply:

- 9.1. The insured person shall be obligated in any case which provides an entitlement to insurance compensation to call in medical assistance as soon as possible and to comply with the instructions of the medical practitioner.
- 9.2. Immediate notification of the 24-hour emergency call centre must be made in the event of any required in-patient stay or, respectively, in the event of illnesses which require repeated out-patient treatment. If notification does not take place and costs of BGN 600.00 are exceeded, the insurer reserves the right to make a deduction depending on the amount of the asserted costs.
- 9.3. Death of the insured person, even if the accident has already been reported, has to be reported in good time so that a post-mortem examination can be arranged prior to the funeral.
- 9.4. The insured person shall be obligated to comply immediately with the order for examination by a medical examiner.
- 9.5. The following documents must be sent to the insurer:
 - a certificate of insurance (policy);
 - the booking confirmation of the tour operator,
 - a medical report (with the patient's name, diagnosis, treatment details, duration and degree of incapacity for work or disablement);
 - an original medical practitioner's or hospital invoice with the patient's name, date of birth, diagnosis and treatment details;
 - medical assessments in which the necessity for ambulance transport is confirmed;
 - other invoices or original accounting documents for which compensation is requested;
 - a death certificate.

Baggage insurance

1. Insured events

The personal possessions taken along at the start of the trip and declared in accordance with the foreign country entry regulations or acquired during the trip, in the event of:

- theft or robbery, if a police report has been filed within 48 hours with the competent police authorities;
- damage - with proven culpable outside influence by a third party;
- loss during transport within the sphere of responsibility of third parties, if confirmation by the perpetrator is available;
- delayed delivery at the holiday resort by a public transport company commissioned with the transport.

2. Definition of valuables

Valuables are in particular:

- 2.1. Objects made of or containing precious metals, precious stones or pearls.
- 2.2. Watches, jewellery, furs and leather goods.
- 2.3. Electrical, electronic and optical devices (including mobile phones) with their accessories, in particular photographic, film, video and sound recording and reproducing equipment, computers of all kind.

3. Insured costs / benefits

Subject to the provision of item 6

- in the event of complete loss or complete destruction - the value at the time of loss (see item 4), however, not exceeding the purchase price;
- in the event of damaged items - the repair costs provided that these do not exceed the value of the item at the time of loss less the residual value, however, at the maximum to the amount of the costs at the time of purchase less the residual value.
- in the event of delayed baggage delivery at the holiday resort of more than 12 hours - the costs for the purchase of essential items (see item 6.7.).

4. Value at the time of loss

The value at the time of loss shall be equivalent to the purchase price of the objects insured, less a reduction in value due to use and age.

4.1. The value at the time of loss shall be calculated as follows:

- 4.1.1. With a written proof of value or ownership

- 0-6 months	100%
- 6 months - 1 year	80%
- each further started year	minus 10%
- 4.1.2. Without a written proof of value or ownership

- 0-6 months	80%
- 6 months - 1 year	70%
- each further started year	minus 10%

- 4.2. In the case of electronic devices, an increased loss of value (based on the current price for the device, not on the former purchase price) shall be applied depending on the technological progress.
- 4.3. Cosmetics, perfumes, medications, consumer items - calculation of the value at the time of loss minus 50%.

5. Insurance events subject to specific prerequisites

- 5.1. Valuables as per item 2 shall be insured only if
 - they are carried and kept in person (in physical or visual contact) so that their removal by third parties is not possible without overcoming some resistance;
 - they are provably handed over for storage to a storage company or a guarded storage facility (e.g. a storage receipt); or
 - are stored in a locked room, not accessible to everyone, using all available security devices (safes, safe deposit boxes). Bags of all kinds, beauty and attaché cases, suitcases and similar containers shall not considered secure storage.

In any case, the type of storage must be appropriate to the value of the goods (e.g. a safe). **If the valuable item cannot be stored securely, no insurance cover shall be provided.**

- 5.2. Valuables as per item 2 shall not be insured while being transported within the sphere of responsibility of third parties and in the event of theft from a motor vehicle.
- 5.3. Sports equipment and means of transport of all kinds shall be insured only while being transported by a public transport company. Please take into consideration the exclusions as per item 7.3.

- 5.4. Thefts from motor vehicles or boats shall be insured only if they have provably taken place between 6.00 a.m. and 9.00 p.m. Theft from a motor vehicle in a guarded garage shall be an exception. Another prerequisite shall be that the baggage is in a firmly closed and locked car trunk. If no car trunk is available, the safekeeping must not be visible from the outside.

- 5.5. Thefts from caravans outside of camp sites shall not be included in the insurance cover.

6. Limited insurance services

- 6.1. Replacement costs for official documents and cheques up to 10% of the sum insured.
- 6.2. Visual corrective aids (spectacles and contact lenses) and other prosthetic aids (e.g. wheelchairs, hearing aids, etc.) up to a maximum of 20% of the sum insured.
- 6.3. Breakage damage (except for suitcases) up to a maximum of 10% of the sum insured.
- 6.4. Mobile phones: the amount actually paid for the phone - BGN 100.00 at the maximum.
- 6.5. For the entirety of the insured valuables as per item 2 - up to 50% of the sum insured.
- 6.6. In the event of theft from a motor vehicle for the entirety of the insured valuables - up to 50% of the sum insured.
- 6.7. In the event of delayed baggage delivery at the holiday resort of more than 12 hours for purchasing essential items or for hire charges - up to 10% of the sum insured. No compensation shall be paid for delayed baggage delivery at the home airport. Costs incurred for extra delivery or collection of the delayed baggage shall not be assumed.
- 6.8. If the baggage is declared as irrecoverably lost, any previously paid compensation for the purchase of essential items at the holiday resort shall be deducted from the insurance compensation. There shall be no insurance cover for costs incurred for taxi services and telephone expenses.

7. Specific exclusions

Besides the exclusions applicable to all sections of the GTCI, no insurance cover shall be provided for:

- 7.1. Cash, banknotes, credit cards, keys, tickets, stamp or coin collections, valuable deeds and documents, precious metals, loose gemstones, merchandise and objects with a primary artistic and collector's value, tools and devices/objects used for practising a profession, musical instruments, motor car accessories, tools and spare parts, medical equipment, weapons, EDP software, mobile phone prepaid cards or bonus agreements or vouchers, disabling or re-registration charges in the event of loss of a mobile phone.
- 7.2. Objects on or inside unlocked motor vehicles, boats and motorcycle and bicycle bags or cases and their contents, if these bags/cases are left on the motor vehicle.
- 7.3. Motor cars, mobile homes, caravans, motor boats, sailing boats, sports goods and sports equipment with a total value exceeding BGN 1,000.00 (exception: golf travel insurance packages), motorcycles, aircraft, hang gliders and paragliders, paramotors and the respective accessories or spare parts and special equipment.
- 7.4. Damage due to intent or negligence. There shall be negligence in any case, if a theft has resulted through a lack of physical and/or visual contact.
- 7.5. Damage due to insufficient or deficient packaging or inappropriate safekeeping.
- 7.6. Damage attributable to leaving behind, mislaying, losing or dropping.
- 7.7. Wear damage and damage caused by perishable goods, leaking liquids or weather conditions.
- 7.8. Damage caused directly or indirectly by acts of war, civil unrest, looting, official orders or strikes.
- 7.9. Damage covered by another insurance policy.
- 7.10. Consequential damages as a result of a particular event (e.g. cancellation or blocking charges for means of payment or mobile phones).

8. Actions upon the occurrence of an insured event

Besides the obligations under the GTCI applicable to all cover sections - and upon failure of the insured person to observe these obligations, the insurer shall not settle any insurance claims - the following shall be also required:

- 8.1. Damages that occur while in custody of a transport or storage company must be reported to the latter immediately and a certificate for the damage has to be obtained.
- 8.2. In the case of damage that is not immediately externally recognisable, the carrier must be requested to inspect and certify the damage immediately upon its discovery. The respective time periods set out by the companies for filing a complaint or a claim must be complied with.
- 8.3. The following documents must be sent to the insurer:
 - a certificate of insurance (policy);
 - the booking confirmation of the tour operator,
 - a fully completed claim form for the baggage loss with a list of the baggage contents, stating the age, brand, purchase price (with a proof of value or an original invoice, where available);
 - the original police report or certificate of the police authorities responsible in the event of robbery or theft;
 - the original damage report of the airline or carrier (the final loss confirmation of the airline or carrier shall be issued no later than 90 days after the event of loss) in the event of damage or delayed baggage delivery;
 - the original invoices or original accounting documents for replacement purchases;
 - the original airline ticket or boarding pass.

Travel personal liability insurance

1. Insured events

An insured event shall exist, if during his/her trip the insured person caused damage to third-party property or personal injury and is liable for damages, namely:

- 1.1. arising from everyday life risks, with the exception of risks resulting from exercising manufacturing, professional or business activities;
- 1.2. arising from the safekeeping and use of bicycles;
- 1.3. arising from non-professional practice of a sport (with the exception of hunting);
- 1.4. arising from the occasional use, but not safekeeping, of electrically powered boats and sailing boats;
- 1.5. arising from the safekeeping and use of other - non-motorised - watercraft;
- 1.6. while using residential or other premises rented for private purposes.

2. Personal injury and damage to property

- 2.1. Killing, bodily injury or other harm to the health of people.
- 2.2. Damage or destruction of property.

3. Insured costs

- 3.1. The satisfaction of indemnification liabilities assumed by the insured person for injury or damages he/she has caused, attributable to an insured event on the basis of statutory regulations regarding tort liability.
- 3.2. The costs for ascertaining and defending an indemnification liability alleged by third parties.
- 3.3. Compensation per claim/event is limited with the max. sum insured, even if several insured persons are liable.

4. What damage is insured only subject to specific prerequisites?

There shall be an entitlement to compensation of justified claims for damages and loss when abroad only if the claimant is able to execute enforcement against the property of the insured person.

5. Specific exclusions

- Besides the exclusions applicable to all sections of the GTCI, no insurance cover shall be provided if the ascertaining and settlement of damage or the fulfilment of any other duties of AWP P&C S.A. are prevented by the state authorities, third parties or the insured person;
- 5.1. for claims arising from illegal and intentional acts or acts of gross negligence;
 - 5.2. for indemnification liabilities arising from damage which the insured person or persons acting on his/her behalf cause through the safekeeping and use of aircraft and aircraft equipment and motor vehicles of any kind;
 - 5.4. for damages which the insured person inflicts on himself/herself or his/her relatives (spouse, domestic partner), parents and relatives-in-law (parents-in-law, grandparents), children (stepchildren, adoptive children, biological children, grandchildren), siblings, other relatives-in-law such as sisters- and brothers-in-law or individuals named in person in the policy or an insured person under the same insurance contract;
 - 5.5. for damages caused by the insured person in sports competitions;
 - 5.6. for damages due to depreciation, wear and tear and excessive load;
 - 5.7. for damages to property that the insured person has borrowed, rented, leased or taken into his/her custody;
 - 5.8. for damage due to pollution or degradation of the environment;
 - 5.9. for damage to or with property that arises during or as a consequence of its use, transport, processing or other activities;
 - 5.10. in the event of the transmission of an illness by the insured person.

6. Actions upon the occurrence of an insured event

Besides the obligations under the GTCI applicable to all sections - and upon failure of the insured person to observe these obligations, the insurer shall not settle any insurance claims - the insured person shall be also obligated:

- 6.1. to authorise the lawyer appointed by the insurer (defence counsel, legal advisor), to provide him/her with all the necessary information and to leave the conduct of the legal proceedings to him/her;
- 6.2. to authorise the insurer within the framework of its obligation to provide services and to submit all declarations that appear to it appropriate;
- 6.3. If it is not possible for the insured person to follow the instructions of the insurer in good time, the insured person shall take all procedural actions required on his/her own.
- 6.4. The insured person shall not be entitled to accept a claim in whole or in part without the consent of the insurer.

Travel delay cover

1. Delayed departure to the holiday destination

- 1a. Insured events
Non-culpable flight/departure delay from Bulgaria within the scope of the booked travel package
 - due to the proven delay of the public transport operator (e.g. rail, taxi, local flight), provided that the minimum connecting time was scheduled when selecting the transport operator, with the exception of delay of connecting flights at the airport;
 - in the event of private travel to the airport/port due to an accident with one's private car.
 - Refusal of carriage because there is a suspicion that the insured person suffers from a contagious disease.
- 1b. Exclusions
Besides the exclusions applicable to all sections of the GTCI, no insurance cover shall be provided
 - if an event is attributable to weather-related events,
 - in the event of traffic congestion (e.g. a traffic jam)
 - if an event is caused by non-compliance with requirements and regulations for travel or entry at the destination
- 1c. Insured costs
The insurance shall cover the costs for the delayed direct outward trip to the holiday resort in accordance with the type and quality of the booked and insured trip, at the minimum being the fictitious airfare in economy class for the direct outward trip to the holiday resort.
2. **Delayed arrival back home to Bulgaria**
- 2a. Insured events
There shall be an insured event when there is a proof of delay of the booked arrival at the home airport/railway station, due to which the return trip from the airport/railway station to the place of residence is not possible or compliance with the original plan is not possible without an overnight stay.
- 2b. Insured costs
The compensation shall cover the costs for a required taxi ride (50 km at the maximum) due to non-availability of a public means of transport or the additional costs for the required overnight stay, including meals (BGN 100.00 at the maximum per person).
3. **Actions upon the occurrence of an insured event**
Besides the obligations under the GTCI applicable to all cover sections - and upon failure of the insured person to observe these obligations, the insurer shall not settle any insurance claims - the following documents must be sent to the insurer
 - a certificate of insurance (policy);
 - the booking confirmation of the tour operator;
 - confirmation by the airline or transport operator for the delay, including a description of the cause;
 - the original airline ticket or boarding pass, train ticket;
 - the unused outward airline ticket or train ticket;
 - the newly purchased outward airline ticket or boarding pass;
 - a police report in the event of an accident or an accident report;
 - the original invoice for the replacement trip home, the overnight stay and the meal costs

Travel assistance

1. **Subject matter of travel assistance**
Subject to the proviso that the insured person or his/her representative notifies the 24-hour emergency call centre upon occurrence of the insurance event (personally, by phone, fax or email), the insurer shall provide the following assistance in the following emergencies that may befall the insured person during the trip:
 - 1.1. Illness/accident
 - 1.1.1. Out-patient treatment
The 24-hour emergency call centre shall provide information on request about out-patient medical care, but shall not itself make contact with the medical practitioner.
 - 1.1.2. Hospitalisation
If the insured person becomes ill or suffers an accident and therefore receives in-patient hospital care,
 - the 24-hour emergency call centre shall make contact via a medical practitioner appointed by it with the insured person's general practitioner and the locally attending medical practitioners; during the hospitalisation, the appointed medical practitioner shall be responsible for the information exchange between the medical practitioners involved;
 - the 24-hour emergency call centre shall inform the relatives at the request of the insured person.
 - 1.2. In the event of death of the insured person.
Optionally - the insurer shall organise the transport of the deceased insured person to the place of the funeral in Bulgaria or to the place of the funeral locally.
 - 1.3. Loss of travel funds
In the event of loss of travel funds, the 24-hour emergency call centre shall establish contact with the insured person's principal bank. If required, the 24-hour emergency call centre shall provide assistance by handing over of an amount provided by the insured person's principal bank to the insured person.
 - 1.4. Loss of travel documents
In the event of loss of travel documents, the 24-hour emergency call centre shall provide assistance in obtaining the replacement documents.
 - 1.5. Criminal prosecution
If the insured person is arrested or threatened with arrest, the 24-hour emergency call centre shall provide assistance by finding a lawyer and an interpreter, and by paying the required bail.

Home assistance insurance

1. **24-hour emergency call centre**
The 24-hour emergency call centre must be notified immediately in any case in order to be able to claim Home Assistance. The 24-hour emergency call centre shall subsequently initiate all necessary measures, in particular in contacting qualified tradesmen, key services and other public or private service providers.
An emergency situation exists
 - if there is sustained impairment of the quality of life of the insured person, or
 - if measures are immediately necessary to avert serious damage.
2. **Insured persons**
Insurance cover shall exist for the insured person and for the persons cohabiting with him/her in a joint household.
3. **Scope of validity of the insurance**
The insurance cover shall apply to the main and second residence in Bulgaria used by the insured person.
4. **When does the insurance apply?**
An entitlement to Home Assistance insurance shall exist during the validity period of the insurance contract.
5. **Insured services**
- 5.1. Tradesmen service
In the event of an emergency situation, the 24-hour emergency call centre shall make arrangements for the following tradesmen for the insured residence and shall assume the costs (travel costs and work time) up to the maximum of BGN 1,000.00 per insured event:
 - a heating and plumbing installation technician in the event of damage or defects to gas, water and heating facilities;
 - an electrician in the event of damage or defects to electrical wiring;
 - drainage repair services;
 - a locksmith, a joiner and relevant specialised companies in the event of damage or defects to entrance doors and windows;
 - a roofer, a carpenter and a plumber for roof repairs to the insured person's own home and the adjacent buildings;
 - a glazier, if any external glazing is broken;
 - plumbing companies in the event of clogging of the piping system.
- 5.2. Hiring a space heater
If the heating system of the insured residence fails due to a defect or a fault during the heating season, the 24-hour emergency call centre shall organise the hiring of a space heater for the duration of the heating outage and shall assume the costs up to the maximum of BGN 1,000.00 per insured event.

- 5.3. Key service
In the event of blocking of the locking system of the insured residence, or the loss or theft of the keys to the insured residence, the 24-hour emergency call centre shall organise the unlocking or replacement of any lost or stolen keys and shall assume the costs up to the maximum of BGN 1,000.00 per insured event.
- 5.4. Removal services and emergency storage
If the insured residence is unusable due to the loss event and the furniture has to be temporarily taken away and stored, the 24-hour emergency call centre shall designate relevant companies (forwarders) and assume the costs up to the maximum of BGN 1,000.00 per insured event.
6. **Liability**
The insurer shall not be liable for mediated and/or commissioned assistance/service providers.
7. **Specific exclusions**
Besides the exclusions applicable to all sections of the GTCI, the following damage and circumstances shall be either not insured or shall limit the obligation of the insurer to provide services:
 - 7.1. Repair services or other services associated directly or indirectly with the proper servicing and maintenance.
No entitlement to claims for services shall exist, if the insured person has not given his/her consent for the provision of the service or the damage is remedied through self-organisation or by the insured person himself/herself.
 - 7.2. Damage shall not be compensated, if compensation for it can be obtained in connection with another insurance contract.
8. **Actions upon the occurrence of an insured event**
The rules of conduct specified in the GTCI shall be applicable to all sections.

Roadside assistance and breakdown cover in Europe

1. **24-hour emergency call centre**
Via the 24-hour emergency call centre, the insured person may request assistance in the event of an accident, a breakdown, or a vehicle theft within the scope of the following provisions. The 24-hour emergency call centre must be notified in any case in order to be able to have recourse to the assistance cover.
The 24-hour emergency call centre shall initiate all necessary measures, in particular provide the required contact details of emergency centres, repair shops, hotels and public and private transport companies and shall decide on the choice and implementation of the appropriate assistance measures.
2. **Insured vehicles**
The insurance cover shall extend to private cars, motorcycles, caravans and passenger vehicles with up to nine seats, not older than 10 years, which are not used for commercial purposes. No insurance cover shall exist for rental vehicles.
3. **Insured persons**
The insured person and the persons who are in the insured vehicle at the time of the breakdown or accident shall be insured.
4. **Scope of validity of the insurance**
The insurance cover shall apply to events on trips made by the insured person, which take place within Europe in the geographical sense, more than 50 km from the place of residence of the insured person or if the border is crossed or if at least one overnight stay is booked. In the case of annual insurance and insurance of a moveable property for a motor vehicle, breakdown assistance cover shall be applicable regardless of the distance from the place of residence.
5. **Insured services**
- 5.1. Local breakdown assistance or towing
If the vehicle is no longer roadworthy as a consequence of a breakdown or accident, the 24-hour emergency call centre will organize and pay for the following benefits:
 - assistance locally or for towing (including recovery) to the nearest suitable garage.
 - necessary spare parts
 - costs for storing the vehicle in the garage
 - costs for scrapping
- 5.2. Vehicle repatriation/travel home
If the vehicle cannot be repaired within 24 hours of a breakdown or an accident (within five days abroad due to the required expert assessment) in a repair shop close to the place of damage, the insurer shall organise and pay for the following services up to the sum insured:
 - the provable travel costs of the vehicle occupants to the place of residence of the insured person, however, to the maximum of the costs of travel to the place of residence by public transport. If the rail journey exceeds the duration of six hours, at the option of the insured person there shall be an entitlement to substitution by a first-class train ticket or an economy class flight;
 - within the country of residence the travel expenses of one person shall be assumed for the purpose of collecting the repaired vehicle;
 - the costs of the return transport of the unroadworthy or repaired motor vehicle to the place of residence of the insured person;
 - in the event of return transport from abroad, the assumption of the transport costs shall take place within the agreed limit only if there is no total loss, otherwise the customs costs shall be assumed;
 - for the home/onward journey: assuming the costs for car rental for a maximum of 3 days and taxi expenses in accordance with the insurance package.
 - hotel accommodation - if the vehicle cannot be repaired on the same day, the insurer shall organise a maximum of two overnight stays in a hotel and shall assume the costs in accordance with the selected insurance package.
6. **Exclusions**
Besides the exclusions applicable to all sections of the GTCI, no insurance cover shall be provided, if
 - damage is incurred as a result of deficient maintenance of the vehicle and if the defects to the vehicle that led to the occurrence of the damage already existed and/or were recognisable at the time of starting the trip;
 - the damage is remedied by the insured person himself/herself.
7. **Actions upon the occurrence of an insured event**
The rules of conduct specified in the GTCI shall be applicable to all sections.

Privacy Notice

Protecting your privacy is important to us.

This Privacy Notice clarifies which types of personal data and how they are collected, why and by whom they are used or to whom they are posted. Please read this message.

1. Who is a data controller?

A Data Controller is an individual or a legal entity (including us as an enterprise) who controls your personal data and is responsible for their storage and use in electronic or paper form.

AWP P&C S.A., Bulgaria Branch ("we", "us", "ours") is part of Allianz Worldwide Partners SAS Paris, an insurance company licensed **in France, which offers insurance products and services around the globe. In turn, AWP SAS Paris is part of Allianz Group (Allianz Group).**

We are a data controller under the applicable data protection law.

2. What personal data are collected?

Personal data is information that relates to you and which can identify you.

We shall collect and process different types of personal data that apply to you. These are usually:

- Full name
- Address
- Age or date of birth
- Gender
- Contact details (email, phone)
- IP addresses when visiting our website if the cookies are not enabled
- Credit/debit cards and bank details
- Depending on the circumstances, personal data (as mentioned above) of co-insured persons (spouses/family partners, relatives, etc.)
- Vehicle registration numbers

In the course of processing an insured event, we may also receive sensitive personal data about you, such as medical report data, death certificates or damage claims you have filed in the past. This data can be used to draw conclusions that reveal information about your physical and mental health, your ethnicity, religious beliefs, suspected or enforced judgements.

By submitting documents to AWP P&C S.A. Bulgaria Branch, you expressly and voluntarily agree that your personal data shall be processed while assessing and liquidating insurance damages.

You may provide documents and personal data on behalf of third parties only if you have the necessary permission to do so.

3. How shall we receive and process your personal data?

We collect and process the personal data you provide and we receive from you for various purposes.

For the following detailed purposes, for which, as we have indicated, we do not need your explicit consent, as described below, we shall process your personal data on the basis of your legitimate interests and/or to meet our legal obligations.

Purpose	Does it require explicit consent?
For our legitimate interests or for the performance of legal obligations: <ul style="list-style-type: none"> • In order to meet the contractual obligations and to manage the insurance contract (e.g. submission of an offer, risk assessment, insurance, performance of the contract services) • To protect your relevant interests or the relevant interests of another individual • Collection of receivables • For preventing and detecting fraud, money laundering, economic sanctions or terrorist financing • To comply with our or your legal obligations (e.g. for tax, administrative or accounting purposes) • For recourse claims to other insurance institutions (e.g. credit card companies, travel insurers, health insurance institutions, etc.) • For a new risk distribution by using reinsurers or co-insurers 	No
<ul style="list-style-type: none"> • To inform you or to allow another Allianz Group enterprise and other businesses to which it is entrusted to inform you of products and services that we believe you might be interested in. You can change these preferences at any time by withdrawing your consent by email (subscribe/unsubscribe button) or by contacting us as described in section 8. 	Yes

We shall use your personal data when you receive or wish to use our products and services. If you do not wish to provide it to us, we probably shall not be able to provide you with products and services as well as to make payments.

4. Who shall have access to your personal data?

For the purposes above, we also may use your personal data with the following parties - either because they act as data processors at our commission or in order to be able to conclude, verify or execute the contract with you:

- Public authorities, ombudsman
- Other enterprises of Allianz
- Other insurers and ancillary companies
- Co-insurers/reinsurers
- Insurance intermediaries/brokers and banks
- Medical service providers
- Authorised persons investigating insurance frauds
- Technical advisers

- Lawyers
 - Damage assessors
 - Doctors, hospitals, repair workshops, roadside assistance, installers, fitters
 - Outsourcing service companies (e.g. mail, document management, outstanding debts, IT service providers)
 - Advertisers and advertising networks that send you marketing messages, if permitted by law and consistent with your communication preferences
- In this case, we shall not provide your personal data without your permission to any third parties independent from our corporation for their own use for marketing purposes.

Please note that we provide your personal data in the following cases:

In the event of planned or real restructuring, consolidation, sale, joint venture, disposal, transfer or other total or partial sale of the enterprise or of assets and shares (including in the event of bankruptcy or similar proceedings).

5. Where is your personal data processed?

Your personal data may be processed both within and outside the European Economic Area (EEA), by the parties specified in Section 4. In addition, these parties shall always be subject to the confidentiality and data security restrictions of the contract in accordance with the applicable data protection law. Therefore, we shall not disclose your personal data to any persons who are not authorised to process it.

Whenever we transfer your personal data for processing to another Allianz Group outside of the EEA, we shall do so on the basis of binding company rules known as the Allianz Privacy Standard.

Wherever the Allianz Privacy Standard does not apply, we shall, as an alternative, take measures to ensure that your personal data transfer outside the EEA is done with the appropriate level of protection as is done within the EEA.

6. What rights do you have with your personal data?

- Access:
You have the right to see what personal data of yours is stored. It also includes the origin and purpose of data processing, the data controller, the data processor, and the parties to whom the data may be disclosed.
- Withdrawal:
You may withdraw your consent to processing your personal data at any time if you have previously given such consent.
- Rectification:
You can request updating or adjusting your personal data.
- Erasure:
You may request that your personal data be erased from our database if it is no longer required for the purposes above (see section 3).
- Restrictions:
Under certain circumstances, you may restrict the processing of your personal data. For example, when you have questioned the accuracy of your personal data, and more specifically the time limit within which we have the right to verify your personal data accuracy.
- Data Portability:
You can obtain your personal data in electronic format - for you or your new insurer.
- Complaints:
You can file a complaint with us or the relevant data protection authorities.
- Objections:
If permitted by applicable law or regulations, you have the right to object to your personal data processing by us or to request from us to discontinue this data processing (including for direct marketing purposes). Once you have informed us of such a request, we shall no longer process your personal data, provided it is permitted by applicable law and regulations.

You can exercise these rights by contacting us. For more details, see section 8.

7. How long do we store your personal data?

We store your personal data as a whole no longer than is necessary for implanting our contract or for as long as required by the relevant legislation, whereas your data shall be kept exclusively for the purposes for which it was collected.

Should you have any questions about the relevant criteria for storage terms, you can contact us as described in section 8.

8. How can you contact us?

Should you have any questions about your personal data processing or want to exercise your rights, you can contact us by phone, by email or by post as follows:

AWP P&C S.A.
 Personal Data Protection
 19B Tsar Boris III Blvd., fl.12
 1612 Sofia
 Phone: 02 995 1843
 E-mail: dataprotection.azpbg@allianz.com

AWP P&C S.A., branch Bulgaria**Reg. №:** 202091075**VAT №:** BG202091075**Representative:** Erik Andreas Heusel**Address:** blvd. „Tsar Boris III“ 19B, fl.12, Sofia 1612, Bulgaria**T:** +359 2 995 18 43**E:** office.bg@allianz.com

AWP P&C S.A., branch Bulgaria is a company registered in Bulgaria as a Branch of a Foreign Company under the provision of “Freedom of Establishment”.

Subject of activities in the following areas of Insurance:

- > 1 Accident
- > 2 Sickness
- > 8 Fire and natural forces
- > 9 Other damage to property
- > 13 General liability
- > 15 Suretyship
- > 16 Miscellaneous financial loss
- > 18 Assistance

Foreign Company: AWP P&C S.A.**Legal form:** JSC**Subject:** Insurance company**Register:** Trade court of Paris, France**Registration Number:** 519 490 080**Representative:** Sirma Boshnakova**State:** European Union**Details for claim filing and claim handling:**

AWP P&C S.A., branch Bulgaria

blvd. „Tsar Boris III“ 19B, fl.12, Sofia 1612, Bulgaria

T: +359 2 980 00 29**E:** claims.bg@allianz.com

Working hours: 09:00 – 17:30

Details for filing a complaints, requests or recommendations to the Insurer:

AWP P&C S.A., branch Bulgaria

blvd. „Tsar Boris III“ 19B, fl.12, Sofia 1612, Bulgaria

T: 02 995 18 43**E:** office.bg@allianz.com

Working hours: 09:00 – 17:30

Details for filing complaints against the Insurer:

Financial Supervision Commission

Str. „Budapeshta“ 16, Sofia 1000, Bulgaria

T: 02 9404 999**E:** delovodstvo@fsc.bg

Working hours: 09:00 – 17:30

Details regarding General Data Protection Regulation /GDPR/:**E:** dataprotection.azpbg@allianz.com