

Insurance Confirmation for Your GoldCard

Disclaimer: This document is for informational purposes only and does not constitute a contractual agreement. The original **German version** shall be the sole legally binding version. In the event of any discrepancies, the German text shall prevail.

R+V

Du bist nicht allein.

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GoldCard Insurance Confirmation *

DZ BANK AG (the policyholder) has taken out insurance policies on your behalf as the holder of a valid GoldCard. These policies provide the following cover through the insurers of the R+V Insurance Group listed in the Special Provisions:

1. Overseas travel health insurance

The insurer covers the costs of urgently required inpatient and outpatient treatment in accordance with the policy schedule, including pain-relieving dental treatment and dental repairs, as well as any necessary medication and medical aids.

2. Public transport accident insurance

If flights or public transport,
a rental car or hotels are paid for using a GoldCard, the insured persons are covered by accident insurance while using the means of transport or staying on the hotel premises.

3. Travel service insurance

The insurer provides organisational and/or financial assistance in the event of illness, accident, death or another personal emergency during a trip abroad (e.g. arranging medical care, repatriation of patients and assistance if travel documents or means of payment are lost).

4. Overseas vehicle assistance insurance

The insurer provides organisational and/or financial assistance in the event of a breakdown, accident or theft while you are travelling in your vehicle in another European country (e.g. breakdown assistance, towing and recovery, overnight accommodation).

5. Travel Cancellation / Interruption Insurance

The insurer covers the contractual cancellation charges if you cancel before your trip begins, as well as the additional return travel costs if you cut your trip short, for example due to, e. g. death, accident, unexpected serious illness, redundancy or re-employment following unemployment. In addition, the insurer will reimburse the cost of travel services not yet used if the trip is cut short.

The scope and extent of insurance cover are set out in the following provisions and the General Insurance Conditions (GICs) for each type of insurance.

* Applies only in conjunction with a valid credit card agreement with DZ BANK AG

A.
General Provisions

Version: 01 January 2023

1. Basis of Insurance Coverage

The scope and extent of insurance coverage are set forth in the General and Special Provisions, the General Insurance Conditions (AVB) for each type of insurance, and the applicable statutory provisions.

2. Insured Persons; Insured Trips

(1) As the holder of a valid Gold Card, you are covered provided that both your place of residence and your habitual residence are within the European Union (EU) or the European Economic Area (EEA). In addition, for overseas travel health insurance and overseas vehicle assistance insurance, both your place of residence and habitual residence must be in the same EU/EEA member state.

(2) If the requirement under (1) is met, the following persons are also covered while traveling:

a) Your spouse, registered civil partner or partner with whom you share a household,

b) your unmarried biological children or the unmarried children of the insured person referred to in (a), including adopted children, foster children and stepchildren –
› until the age of 18 years of age,
› until the age of 25 years of age, if the child is attending school or vocational training (e.g. university) or undertaking a voluntary social or environmental year or Federal Voluntary Service.

The requirement is that these individuals also have both their domicile and habitual residence within the EU/EEA. In addition, under the international travel health insurance and international travel assistance insurance policies, these individuals must have their domicile and habitual residence in the same EU/EEA member state.

(3) Under the trip cancellation / interruption insurance, the persons listed under (2) are only covered if they are travelling with you and are named on the travel confirmation.

(4) All trips are covered, provided that the credit card was applied for and issued in your name as an individual.

3. Scope of application

(1) **Transportation Accident Insurance, Trip Cancellation / Interruption Insurance:** Coverage is provided worldwide**.**

(2) **Overseas travel health insurance, travel assistance insurance**
Insurance coverage applies worldwide, except in the EU/EEA member state where you or the insured person have both your residence and habitual residence (abroad).

(3) **Overseas vehicle assistance insurance:** Cover is provided throughout Europe and in non-European countries bordering the Mediterranean Sea. However, there is no insurance coverage for loss events occurring in the EU/EEA member state in which you or the insured person have both your residence and habitual residence, nor for loss events occurring within a distance of 50 kilometers (as the crow flies) from your or the insured person's residence and habitual residence.

4. Start, Duration, and End of Insurance Coverage

(1) Start of Insurance Cover
Unless otherwise specified in the Special Provisions or General Insurance Conditions (Part B), insurance cover begins – subject to the credit card agreement having been duly concluded – when a credit card account is opened in the card issuer's system.

(2) Duration of Insurance Coverage

a) Overseas travel health insurance, travel assistance insurance and overseas vehicle assistance insurance provide cover for the first 45 days of each temporary stay abroad.*

b) Transport accident insurance and trip cancellation and curtailment insurance provide cover regardless of the duration of the trip.

(3) End of Insurance Coverage
Regardless of paragraph (2), and unless otherwise specified in the General Insurance Conditions, insurance cover ends

› provided that the requirements set forth in paragraph 2 are not met. Insurance coverage will resume as soon as the requirements are met again,

› upon expiration of the credit card agreement, or

› if the credit card agreement is revoked, on the date the notice of revocation is received.

5. Premium Payment

DZ BANK AG is liable to R+V for the insurance premiums. DZ BANK AG pays the premiums for these insurance policies from the card fee.

R+V is not entitled to offset any premiums or other amounts owed to it by DZ BANK AG as the policyholder against any insurance benefits payable to the insured person, provided that the insured person has met their payment obligations to DZ BANK AG. It is the insured person's responsibility to provide proof of payment. Section 35 of the Insurance Contract Act (VVG) does not apply to the relationship between R+V and the insured person in this respect.

6. Rights and claims in the event of an insured event

(1) In the event of an insured event, insured persons are entitled to exercise their rights directly. You are eligible to receive insurance benefits. The consent of DZ BANK AG is not required for this. Section 44(2) of the German Insurance Contract Act (VVG) is waived by agreement.

(2) Where the policyholder's knowledge and conduct are legally relevant, the knowledge and conduct of the insured person must also be taken into account under this group insurance policy. This applies in particular to the fulfillment of the obligations set forth in these General and Special Provisions as well as in the General Insurance Conditions.

(3) You will be informed of any changes made during the term of the contract that are relevant to you, as defined in Section 7(3) of the German Insurance Contract Act (VVG), in accordance with conjunction with Section 6 of the German Insurance Contract Information Regulation (VVG-InfoV), in an appropriate manner before the changes take effect.

7. Obligations in the Event of an Insurance Claim; Consequences of Non-compliance

(1) The obligations in the event of an insured loss are set forth in the Special Provisions and the applicable General Insurance Conditions (Part B).

(2) The insurance claim must be reported immediately and directly to the relevant insurer. The addresses can be found in the respective Special Provisions.

(3) If you willfully violate any of the obligations set forth in (1) and (2), you will lose your insurance coverage. In the event of a breach of an obligation due to gross negligence, the insurer is entitled to reduce its benefits in proportion to the severity of your fault.

(4) If you can prove that you did not violate the obligation through gross negligence, your insurance coverage will remain in effect.

(5) Insurance cover will also remain in place if you can prove that the breach of an obligation did not cause the insured event or affect its identification or the determination of the insurer's liability or the amount payable. This does not apply if you have breached the obligation with fraudulent intent.

* For an additional premium, people permanently resident in Germany can apply to extend their overseas travel health insurance cover beyond the cover provided by their credit card, including cover outside the scope of their credit card insurance. Please contact the insurance provider directly regarding this matter.

(6) All provisions applicable to the cardholder also apply accordingly to the co-insured persons.

(7) If the insurer is fully or partially released from its obligation to pay benefits to you, this also applies to the co-insured persons.

8. Third-Party Liability and Duplicate Insurance

(1) To the extent that, in the event of a loss, a third party is obligated to provide benefits or assistance to you under a contract or by virtue of membership in an association, club, or public-law entity, such claims take precedence over the insurers' obligations to provide benefits.

(2) However, if you contact the insurer first after a loss occurs, the insurer will make an advance payment to you, notwithstanding the provisions of (1).

(3) If other insurance coverage exists for the same risks, or if compensation or benefits for the insured event can also be obtained from another insurer or risk carrier, the other contractual claims shall take precedence over this contract. Even if the other contract provides for subsidiary (secondary) coverage by the insurer or risk carrier named therein, the agreement reached here shall nevertheless take precedence.

(4) The provisions governing international travel health insurance and transportation accident insurance are set forth in the General Insurance Conditions (AVB) for these products.

9. Limitation periods; Notices, Declarations of Intent

(1) Claims arising from insurance contracts are subject to a three-year statute of limitations. The time limit is calculated in accordance with the general provisions of the Civil Code.

(2) If a claim has been filed with the insurer, the statute of limitations is suspended from the date of filing until the date you receive the insurer's decision in writing.

(3) Unless a written form is required by law or otherwise specified in the applicable General Insurance Conditions, all declarations and notices intended for the insurer that relate to the insurance relationship and are made directly to the insurer must be submitted in text form.

10. Governing Law; Place of Jurisdiction

(1) This contract shall be governed by German law.

(2) For lawsuits arising from the insurance relationship and brought against you or the co-insured person, the court with jurisdiction is the court of the place where you or the co-insured person has his or her domicile or, in the absence of a domicile, his or her habitual residence.

(3) Lawsuits against the insurer may be filed with the court in the jurisdiction of your place of residence or habitual residence, or that of the co-insured person, or with the court in the jurisdiction of the insurer's registered office.

(4) If, after the conclusion of the contract, you or the co-insured person moves your domicile and habitual residence to a country that is not a member state of the EU or a signatory state of the EEA, or if your domicile and habitual residence are unknown at the time the lawsuit is filed, the court at the insurer's place of business shall have jurisdiction.

11. Right of Withdrawal

The right of withdrawal applies in accordance with No. III. Pre-contractual information regarding the card agreement for a Mastercard/Visa card, including product information and information about contracts concluded through distance selling and off-premises transactions.

Withdrawal from the credit card agreement also applies to the additional services. Insurance cover ends when the notice of withdrawal is received.

B.
Special Provisions and General Insurance Conditions (AVB)

1. Overseas travel health insurance

Insurer

The insurer is R+V Krankenversicherung AG, Raiffeisenplatz 1, 65189 Wiesbaden.

You can reach them day or night by calling +49 611 533-6290 or by fax at Fax number +49 611 533-6400 or by email at gesundheit-weltweit@ruv.de.

Legal Basis **of the** Contract

In addition to the General and Special Provisions, the insurance contract is based on the "General Insurance Conditions for Overseas Travel Health Insurance in the Credit Card/Travel Assistance Sector" (AVB/KROE), excerpts of which are reproduced below. We will provide you with the full General Insurance Conditions upon request.

Excerpt from the "General Insurance Conditions for Overseas Travel Health Insurance in the Credit Card/Travel Assistance Sector" – AVB/KROE –

Version: 1 January 2023

§ 1 Subject Matter, Scope, and Coverage of the Insurance Policy

(1) The insurer (hereinafter referred to as R+V) provides insurance coverage for illnesses, accidents, and other events specified in the contract. If an insured event occurs unexpectedly outside the country in which the insured person has both their place of residence and habitual residence (abroad), R+V will reimburse the costs of medical treatment incurred there and provide any other agreed benefits.

(2) An insured event is medically necessary treatment provided to an insured person for an acute illness or the acute consequences of an accident occurring abroad. Insurance cover begins when medical treatment starts and ends when, according to medical findings, treatment is no longer necessary. Pregnancy and death are also considered insured events, provided that benefits for these have been agreed upon.

§ 2 Start of Insurance Cover

(1) Insurance cover begins on the agreed date (start of insurance), but not before the insurance contract has been concluded or the insured person has crossed the border into another country.

(2) No benefits will be paid for insured events that occurred before the start of coverage.

(3) For newborns, insurance coverage begins upon completion of birth if one parent has been insured with R+V for at least three months as of the date of birth. The insurance coverage must not be greater or more comprehensive than that of an insured parent.

(4) Adoption is equivalent to the birth of a child, provided that the child is still a minor at the time of adoption.

(5) Paragraphs 3 and 4 do not apply if the newborn or adopted child has other private or statutory health insurance coverage abroad.

§ 4 Scope of Insurance Benefits

(1) The insured person is free to choose from among the physicians and dentists licensed to provide medical treatment in the foreign country of residence.

(2) Medicines, dressings, treatments and medical aids must be prescribed by the healthcare providers referred to in paragraph 1.

(3) In the case of medically necessary inpatient treatment, the insured person is free to choose any hospital that is under constant medical supervision, has adequate diagnostic and therapeutic capabilities, and maintains medical records.

(4) R+V provides only the services listed below. Other services, such as visual aids are not eligible for reimbursement. Only expenses for the following are eligible for reimbursement:

a) medical services;

b) dental services
pain-relieving dental treatment and simple fillings, as well as repairs to dentures, but not new dentures, crowns or orthodontic treatment;

c) medicines
dressings are also considered medicines. Food and nutritional supplements (including sexual stimulants), bath additives, disinfectants and cosmetics are not considered medicines, even if prescribed by a doctor and containing medicinally active substances;

d) Medical aids
Medical aids include radiation, heat, light and other physical therapies;

e) Medical aids
Medically prescribed walking aids, as well as splints and braces for acute care;

f) inpatient medical treatment
In the case of inpatient hospital treatment, accommodation, meals, other necessary services and medical treatment are covered.
Instead of reimbursement of expenses, you may opt for a daily hospital allowance of 40 EUR per day;

g) Transportation
The first medically necessary transport by emergency medical services to the nearest hospital capable of providing medical treatment or to the nearest available emergency physician.

§ 5 Limitations on Insurance Benefits

(1) No benefits are payable

a) for medical care abroad that was the sole reason or one of the reasons for undertaking the trip, or for which it was clear at the time of departure that it would be necessary if the stay abroad proceeded as planned (see also § 2, para. 2);

b) for chronic illnesses (including abnormalities) that existed and were known at the start of the trip (when crossing the border into another country), including their consequences, as well as illnesses – including their consequences – and injuries resulting from accidents that were treated in the three months before the trip began, provided the trip was undertaken against medical advice;

c) for such illnesses, including their consequences, as well as for the consequences of accidents and for deaths caused by acts of war or participation in civil unrest;

d) for illnesses and accidents resulting from willful acts or addiction, including their consequences;

e) for mental and emotional disorders and illnesses, as well as for psychosomatic treatment (e.g., hypnosis, autogenic training) and psychotherapy;

f) for examinations and treatment related to artificial insemination, pregnancy, childbirth, miscarriage, and abortion, as well as their consequences. However, reimbursement will be provided to the extent that unforeseen medical care is necessary in the country of stay due to acute pregnancy complications, premature birth, or miscarriage;

g) for spa and sanatorium treatment, as well as for rehabilitation services;

h) for self-treatment or treatment provided by a spouse, a domestic partner as defined by the Domestic Partnership Act, parents, or children. Documented material costs will be reimbursed in accordance with these insurance terms and conditions.

(2) If medical treatment or any other measure for which benefits have been agreed exceeds what is medically necessary, or if the fees charged are unreasonable, R+V may reduce its benefits to a reasonable amount.

The conditions in the country where the insured person is staying will be taken into account.

(3) If the insured is entitled to benefits under statutory accident or pension insurance, R+V is liable only for those expenses that remain necessary despite such benefits.

(4) To the extent that, in the event of an insured loss, there are obligations to provide benefits under contracts with other insurers or toward public-law entities, those obligations shall take precedence. This also applies if the other insurer has likewise agreed to assume secondary liability. If the insured person first files a claim with R+V by submitting the original receipts, R+V will make an advance payment.

(5) If the insured person has a claim against multiple parties obligated to provide reimbursement for the same insured event, the total reimbursement may not exceed the total expenses.

§ 6 Payment of Insurance Benefits

(1) R+V is obligated to pay benefits only if the required supporting documents (which become the property of R+V) are provided:

a) The claim must be substantiated by original supporting documents;

b) As a general rule, supporting documents must include: Name and address of the issuer, date of issuance, first and last name, and date of birth of the person receiving treatment;
- › Medical/dental invoices must also include: Name of the condition; specification of individual medical/dental services, including treatment costs and dates;
- › Prescriptions for medicines, treatments and medical aids must also include: Type and quantity; invoices must also include: Price, purchase date, receipt;
- › Hospital invoices must also include: Date of admission and discharge, diagnosis, and details of services provided.

(2) Expenses incurred in a foreign currency are converted to euros at the current exchange rate on the day R+V receives the receipts. The official euro exchange rate published by the European Central Bank is considered the rate of the day. For currencies that are not traded and for which no reference exchange rates are available, the exchange rate published in the latest edition of the Deutsche Bundesbank's "Foreign Exchange Rate Statistics" (Frankfurt am Main) will apply, unless the insured person can provide a bank statement showing that they purchased the currency needed to pay the invoices at a less favourable exchange rate.

(3) Fees for the transfer of insurance benefits—except when transferred to a domestic account—may be deducted from the benefits.

(4) Claims for insurance benefits may not be assigned or pledged. The prohibition on assignment set out in sentence 1 does not apply to credit card accounts opened on or after 1 October 2021; statutory prohibitions on assignment remain unaffected.

§ 7 Termination of Insurance Coverage

(1) Insurance cover ends – including for ongoing insured events – when the stay abroad ends;

a) no later than 45 days after the start of the stay, unless an extension has been requested for an additional premium; in this case, cover ends no later than the end of the extension period;

b) upon termination of the insurance contract or insurance relationship;

c) if the cardholder ceases to hold the credit card or overseas travel assistance cover, provided that the insurance benefits are contractually linked to this status.

(2) The obligation to provide coverage for insured events eligible for compensation extends beyond the agreed-upon insurance period as long as the return trip is not possible for medical reasons.

§ 8 Obligations

(1) At R+V's request, the policyholder and the insured person must provide any information necessary to determine whether an insured event has occurred or whether R+V is obligated to pay benefits, as well as the scope of such benefits.

(2) At R+V's request, the insured person is required to undergo a medical examination by a physician designated by R+V.

(3) To determine whether an insured event has occurred under the policy terms and, if so, to what extent, the insured person must, at R+V's request, authorise doctors, medical facilities, nursing homes, care staff, other personal insurers, statutory health insurance funds, employers' liability insurance associations and authorities to disclose information and release them from their duty of confidentiality towards R+V, or provide the necessary information themselves.

(4) In the event of a claim, the insured person must, at R+V's request, provide proof of the start and end dates of each trip abroad.

§ 11 Claims Against Third Parties

(1) If the policyholder or an insured person has claims for compensation against third parties, they must assign these claims to R+V in writing, up to the amount reimbursed under the insurance contract, without prejudice to the statutory transfer of claims under Section 86 VVG (see No. 6 of the Supplementary Provisions).

(2) The policyholder or the insured person must preserve his or her right to compensation or any right serving to secure that claim in accordance with the applicable formal and time-limit requirements and, to the extent necessary, cooperate with R+V in enforcing such claim.

(3) If the policyholder or an insured person intentionally breaches the obligations set out in paragraphs 1 and 2, R+V is not obliged to pay benefits to the extent that it is unable to obtain compensation from the third party as a result. In the event of a breach of this obligation due to gross negligence, R+V is entitled to reduce its benefits in proportion to the severity of the negligence.

(4) If the policyholder or an insured person is entitled to a refund from the service provider of any fees paid without legal basis for services for which R+V has provided reimbursement under the insurance contract, paragraphs 1 through 3 shall apply mutatis mutandis.

§ 12 Declarations of Intent and Notifications

Declarations and notices to R+V must be submitted in text form.

2. Public transport accident insurance

Insurer

The insurer is R+V Allgemeine Versicherung AG, Raiffeisenplatz 1, 65189 Wiesbaden.

You can reach them day or night at +49 611 999-333.

Contractual Basis

The insurance contract is based on the following terms and conditions,

› R+V General Accident Insurance Terms and Conditions (R+V AUB 2000, Edition 01/16)
› R+V Special Conditions for Additional Benefits in the Case of a Disability Level of 70 Percent or Higher (R+V BB Additional Benefits 100)
› R+V Special Conditions for Group Accident Insurance with Direct Claims by the Insured Person (R+V BB Direct Claims)

which are reproduced in part below.

Scope of Coverage

The insurance coverage applies to accidents suffered by the insured persons:

a) As a passenger on a scheduled or sightseeing flight in a propeller aircraft, jet aircraft or helicopter (excluding motor gliders, ultralight aircraft and parachuting).
Insurance cover applies from the moment you enter the airport premises until you leave, including during the flight. This also includes time spent at airports during layovers.
If public transportation is used to reach and/or leave the airport grounds, the direct, immediate trip is covered by the insurance. The same applies to alternative transportation provided by the airline.
Insurance coverage for the trip to the airport applies only if you can prove that the subsequent flight was paid for using the GoldCard.

b) As a user
› a form of public transportation
› a rental car (passenger car/estate car), provided the rental period does not exceed six weeks per rental agreement
› a rental RV while driving. Insurance cover applies from the moment the insured person enters the vehicle until they leave it, including when exiting the vehicle to refuel or in the event of a breakdown.

c) As an overnight guest staying in hotel buildings or on hotel premises. Insurance cover applies from the moment you enter the hotel premises until you leave.

Insurance cover is conditional on the transport provider or hotel accepting the GoldCard as a means of payment and the journey or hotel stay being paid for using the GoldCard.

When renting a car or staying at a hotel, insurance cover only applies if the insured person confirms in writing (e.g. in the car rental agreement, hotel registration form or other written correspondence) that payment will be made using a GoldCard or that the deposit has been paid using a GoldCard.

If one GoldCard is used to pay for several GoldCard holders, insurance cover also applies to those who did not pay using their own insured credit card.

Insurance coverage amounts per insured person

256,000 EUR in the event of disability
8,000 EUR for accident assistance
26 EUR for daily hospital allowance
256,000 EUR in the event of death
(5,500 EUR for children up to age 14)
1,100 EUR for convalescence assistance
2,600 EUR for cosmetic surgery costs

The insured amounts specified for the insured persons represent the maximum benefits for each individual insured person, regardless of whether insurance coverage with R+V Versicherung is provided through one or more insured credit cards. In any case, this insurance coverage applies in addition to any existing accident insurance policies, including those covering air travel.

Beneficiary in the Event of Death

Unless a different beneficiary has been designated with R+V Allgemeine Versicherung AG, the beneficiaries are the heirs.

Excerpt from the "General Accident Insurance Terms and Conditions (R+V AUB 2000, Edition 01/16)"

Scope of Coverage

1. What is covered?

1.1 We provide insurance coverage for accidents that occur to the insured person while the policy is in effect.

1.2 The insurance coverage applies to accidents worldwide.

1.3 An accident occurs when the insured person involuntarily suffers bodily injury as a result of a sudden external event (accident) affecting his or her body.

1.4 An accident is also deemed to have occurred if increased physical exertion affecting the limbs or spine causes
› a joint is dislocated, or
› Muscles, tendons, ligaments, or joint capsules are strained or torn.

1.5 Please note the provisions regarding limitations on coverage (Section 3) and exclusions (Section 5). They apply to all types of benefits.

2. What types of benefits can be agreed?

2.1 Disability Benefit

2.1.1 Conditions for receiving benefits

2.1.1.1 The insured person's physical or mental capacity is permanently impaired as a result of an accident (disability). A disability is considered permanent if it is expected to last longer than three years and no change in the condition is anticipated.

Disability is
› occurred within one year of the accident and
› confirmed in writing by a doctor within 15 months of the accident, and
› reported to us by you within 15 months of the accident.

2.1.1.2 There is no entitlement to disability benefits if the insured person dies as a result of the accident within one year of the accident.

2.1.2 Type and Amount of Benefits

2.1.2.1 We pay the disability benefit as a lump sum.

2.1.2.2 The agreed-upon sum insured and the degree of disability resulting from the accident form the basis for calculating the benefit.

2.1.2.2.1 In the event of the loss or complete functional impairment of the body parts and sensory organs listed below, the following degrees of disability shall apply exclusively, unless otherwise agreed:

Arm	70%
Arm up to just above the elbow joint	65%
Arm below the elbow joint	60%
Hand	55%
Thumb	20%
Index finger	10%
Other finger	5%
Leg above the middle of the thigh	70%
Leg up to the middle of the thigh	60%
Leg down to just below the knee	50%
Leg up to the middle of the lower leg	45%
Foot	40%
Big toe	5%
Another toe	20%
Eye	50%
Hearing in one ear	30%
Sense of smell	10%
Sense of taste	5%

In the event of partial loss or partial functional impairment, the corresponding portion of the respective percentage applies.

2.1.2.2.2 For other parts of the body and sensory organs, the degree of disability is determined by the extent to which overall normal physical or mental functioning is impaired. Only medical considerations are to be taken into account.

2.1.2.2.3 If the affected body parts or sensory organs—or their functions—were already permanently impaired prior to the accident, the degree of disability is reduced by the amount of the pre-existing disability. This must be calculated in accordance with sections 2.1.2.2.1 and 2.1.2.2.2.

2.1.2.2.4 If multiple body parts or sensory organs are affected by the accident, the disability ratings determined in accordance with the preceding provisions are added together. However, the total degree of disability cannot exceed 100%.

2.1.2.3 If the insured person dies
› due to a cause unrelated to the accident within one year after the accident, or
› regardless of the cause, more than one year after the accident
and if a claim for disability benefits has arisen, we will pay benefits based on the degree of disability that would have been expected based on the medical findings.

2.5 Daily Hospital Benefit

2.5.1 Daily Hospital Benefit

2.5.1.1 Conditions for Receiving Benefits
The insured person is receiving medically necessary inpatient treatment at a hospital as a result of an accident.

Stays in sanatoriums and convalescent homes are not considered medically necessary inpatient treatment.

2.5.1.2 Amount and Duration of Benefits
The daily hospital benefit is paid in the amount of the agreed-upon sum insured for each calendar day of inpatient treatment, but for no longer than two years, calculated from the date of the accident.

2.5.2 Daily Hospital Benefit Abroad

2.5.2.1 Conditions for Receiving Benefits
The insured person is receiving medically necessary inpatient treatment at a hospital abroad due to an accident that occurred abroad.

Inpatient medical treatment begins immediately following the accident.

"Foreign country" means any country outside the Federal Republic of Germany in which the insured person does not have a permanent residence.

Stays in sanatoriums and convalescent homes are not considered medically necessary inpatient treatment.

2.5.2.2 Amount and Duration of Benefits
For each calendar day of inpatient treatment abroad, a daily hospital allowance equal to the agreed-upon sum insured will also be paid. The agreed-upon insured amount is taken into account up to 300 EUR.

2.6 Recovery Allowance

2.6.1 Conditions for Receiving Benefits
The insured person has been discharged from inpatient treatment and was entitled to a daily hospital benefit under Section 2.5.

2.6.2 Amount and Duration of Benefits
The recovery allowance is paid at the agreed insured amount for the same number of calendar days for which the daily hospital benefit is payable, up to a maximum of 100 days. The benefit is not doubled in accordance with Section 2.5.2.2.

2.7 Death Benefit

2.7.1 Conditions for Receiving Benefits
The insured person died within one year as a result of the accident.

Please note the specific requirement to report a death in a timely manner, as specified in Section 7.5.

2.7.2 Amount of the Benefit
The death benefit is paid in the amount of the agreed-upon sum insured.

2.9 Costs of Cosmetic Surgery

2.9.1 Eligibility Requirements for Benefits
› The insured person underwent cosmetic surgery as a result of an accident.
Cosmetic surgery is defined as a medical procedure performed after the completion of medical treatment with the aim of correcting an accident-related impairment of the insured person's physical appearance.
› The cosmetic surgery is performed within three years of the accident.
If the insured person was under 18 when the accident occurred, we will cover the costs regardless of the time limit specified above, provided the surgery is performed before their 21st birthday.
› A third party is not obligated to perform or disputes its obligation to perform.

2.9.2 Type and Amount of Benefits
We will provide compensation up to the agreed-upon insured amount for proven
› Physician fees and other surgical costs,
› Necessary costs for room and board in a hospital,
› Costs for dental treatment and dental prosthetics resulting from the accidental loss or partial loss of incisors and canines.

Paragraph 3 does not apply.

2.10. Accident Assistance

2.10.1 Eligibility Requirements for Benefits
› Following an accident, the insured person finds themselves in an emergency situation from which they are rescued or recovered.
› A third party is not obligated to perform or disputes its obligation to perform.

2.10.2 Type of Services

2.10.2.1 We cover the costs of search, rescue, or recovery operations conducted by rescue services organized under public or private law, provided that fees are typically charged for such services.
We will reimburse these costs even if an accident was imminent or, given the specific circumstances, could reasonably have been expected.

2.10.2.2 We will provide you with information about available medical care options and, upon request, facilitate communication between the insured person's primary care physician and the treating physician or hospital.

2.10.2.3 We will reimburse the costs of medically necessary transportation of the insured person to a hospital or a specialized clinic.

2.10.2.4 We will reimburse the additional costs incurred as a result of the insured person's return to their permanent residence, provided that these costs were medically prescribed or unavoidable due to the nature of the injury.

2.10.2.5 In the event of an accident abroad, we will reimburse the additional costs incurred for return travel or lodging for minor children traveling with the insured person and the insured person's traveling partner. A "foreign country" is defined as any country outside the Federal Republic of Germany in which the insured person does not reside.

2.10.2.6 In the event of a death resulting from an accident in Germany, we will cover the costs of transporting the body to the last permanent residence.

2.10.2.7 In the event of a death resulting from an accident abroad, we will reimburse the costs of a funeral abroad or of repatriation to the insured person's last permanent residence.

2.10.3 Amount of Benefits
The total amount of benefits is limited to the amount specified in the insurance policy.

Paragraph 3 does not apply.

2.11. Convalescence Assistance

2.11.1 Conditions for receiving benefits:
The insured person must
› have suffered an injury or its consequences as a result of an accident,
› within three years, counting from the date of the accident
› have undergone a medically necessary course of treatment lasting at least three consecutive weeks.
› You must provide a doctor's note to verify that you meet these requirements.
› Inpatient treatment in which the primary focus is on medical treatment of the consequences of an accident is not considered a course of treatment.

2.11.2 Amount of the Benefit
The convalescence assistance benefit is paid once per accident at the insured amount specified in the insurance certificate. If the insured person holds several accident insurance policies with our company, the agreed convalescence assistance benefit can only be claimed under one of these policies.

3. What impact do illnesses or disabilities have?

As an accident insurer, we provide coverage for the consequences of accidents. If illnesses or infirmities contributed to the injury caused by an accident or its consequences, the benefit is reduced as follows:
› in the event of disability, the degree of disability is reduced proportionately,
› in the event of death and, unless otherwise specified, in all other cases, the benefit is reduced in proportion to the contribution made by the illness or infirmity.
If the contribution rate is less than 25%, the reduction does not apply.

5. In what cases is insurance coverage excluded?

5.1 There is no insurance coverage for the following accidents:

5.1.1 Accidents suffered by the insured person as a result of mental or consciousness disorders, including those caused by intoxication, as well as strokes, epileptic seizures or other seizures affecting the insured person's entire body. However, insurance coverage applies if these disorders or seizures were caused by an accident covered under this contract.

5.1.2 Accidents that befall the insured person as a result of the insured person intentionally committing or attempting to commit a criminal offense.

5.1.3 Accidents caused directly or indirectly by acts of war or civil war.

However, insurance coverage applies if the insured person is unexpectedly affected by acts of war or civil war while traveling abroad.

This insurance coverage expires at the end of the seventh day following the outbreak of a war or civil war in the territory of the country where the insured person is staying.

This extension does not apply to travel to or through countries where war or civil war is already taking place. This also does not apply to active participation in war or civil war, or to accidents involving nuclear, biological or chemical weapons in connection with a war or war-like situation between China, Germany, France, the United Kingdom, Japan, Russia or the USA.

5.1.4 Accidents Involving the Insured Person
› as a pilot (including a pilot of recreational aircraft), provided that a license is required under German law, and as another member of an aircraft's crew;
› in the course of a professional activity to be performed with the aid of an aircraft;
› when using spacecraft.

5.1.5 Accidents that befall the insured person while participating as a driver, front-seat passenger, or occupant of a motor vehicle in driving events, including the associated practice runs, in which the goal is to achieve maximum speeds.

5.1.6 Accidents caused directly or indirectly by nuclear energy.

5.2 The following impairments are also excluded:

5.2.1 Damage to intervertebral discs, as well as bleeding from internal organs and cerebral hemorrhages.

However, insurance coverage applies if an accident covered by this contract, as defined in Section 1.3, is the primary cause.

5.2.2 Health problems caused by radiation.

5.2.3 Health damage resulting from medical treatments or procedures performed on the insured person's body.

However, insurance coverage applies if the medical treatment or procedures, including diagnostic and therapeutic radiation, were necessitated by an accident covered under this contract.

5.2.4 Infections

5.2.4.1 They are also excluded if they
› from insect stings or bites, or
› were caused by other minor injuries to the skin or mucous membranes, through which pathogens entered the body either immediately or later.

5.2.4.2 However, insurance coverage applies to
› Rabies and tetanus, as well as for
› Infections in which the pathogens entered the body through accidental injuries that are not excluded under section 5.2.4.1.

5.2.4.3 For infections caused by medical treatments or procedures, Section 5.2.3, second sentence, applies accordingly.

5.2.5 Poisoning resulting from the ingestion of solid or liquid substances.

However, insurance cover applies to children who had not yet reached the age of 10 at the time of the accident. Food poisoning remains excluded.

5.2.6 Pathological disorders resulting from psychological reactions, even if these were caused by an accident.

5.2.7 Abdominal or Lower Abdominal Hernias

However, insurance coverage applies if they were caused by a violent external force covered by this contract.

The Insured Event

7. What should you keep in mind after an accident (obligations)?

Without your cooperation and that of the insured person, we cannot provide our services.

7.1 Following an accident that is likely to result in a claim, you or the insured person must immediately consult a doctor, follow the doctor's instructions, and notify us.

7.2 You or the insured person must truthfully complete the accident report form we have sent you and return it to us immediately; any additional relevant information we request must be provided in the same manner.

7.3 If we appoint a doctor, the insured person must also undergo an examination by that doctor. We will cover the necessary costs, including any resulting loss of earnings.

7.4 To determine whether we are obligated to provide benefits, we may need information from
› Physicians who treated or examined the insured person before or after the accident,
› other insurers, insurance providers and authorities.
You or the insured person must enable us to obtain the necessary information.

To this end, the insured person may authorize the physicians and the designated entities to provide us with the information directly. Otherwise, the insured person may obtain the information themselves and provide it to us.

7.5 If the accident results in a fatality, you must report it to us within 48 hours, even if the accident has already been reported to us.

We reserve the right to have a blood sample taken and/or an autopsy performed by a physician we appoint, if necessary.

9. When are the payments due?

9.1 We are required to provide a written statement within one month, or within three months in the case of a disability claim, indicating whether and to what extent we acknowledge the claim.

The deadlines begin upon receipt of the following documents:
› Evidence of the circumstances of the accident and its consequences,
› In the case of a disability claim, proof that medical treatment has been completed, to the extent necessary for determining the degree of disability.

We will cover the cost of medical certificates required to substantiate your claim for benefits.

We do not cover any other costs.

9.2 Once we have acknowledged the claim or reached an agreement with you regarding its basis and amount, we will make payment within two weeks.

9.3 If, at first, the obligation to pay has been established only in principle, we will—at your request—make appropriate advance payments. Before the medical treatment is completed, a disability benefit may be claimed within one year of the accident only up to the amount of an agreed-upon death benefit.

9.4 Both you and we are entitled to have the degree of disability medically reassessed annually, for a maximum of three years following the accident. For children under the age of 14, this period is extended from three to five years. You must exercise this right, together with our statement regarding our obligation to perform under Section 9.1, before the deadline expires.

If the final assessment results in a disability benefit that is higher than what we have already paid, interest at a rate of 5% percent per year shall be paid on the excess amount.

R+V Special Conditions for Group Accident Insurance with Direct Claims by the Insured Person (R+V BB Direct Claims)

You have purchased accident insurance from us that covers accidents that happen to others (third-party coverage). Notwithstanding the General Accident Insurance Terms and Conditions, the following applies:

1. The insured person may file a claim for benefits under the accident insurance directly with us without your consent. We make payments directly to the insured person.

2. As the policyholder, you must inform each insured person of the insurance coverage provided under this contract and of this agreement.

R+V Special Conditions for Additional Benefits in the Case of a Disability Rating of 70% or Higher (R+V BB Additional Benefits 100)

You have taken out accident insurance with us that includes additional benefits in the event of disability. The degree of disability is determined in accordance with Sections 2.1 and 3 of the R+V General Accident Insurance Conditions (R+V AUB 2000, Edition 01/16).

Section 2.1 of the R+V AUB 2000, Edition 01/16, is supplemented as follows: We pay 100% of the insured disability benefit if the accident results in a disability rating of at least 70%.

3. Travel service insurance

Insurer

The insurer is R+V Allgemeine Versicherung AG, Raiffeisenplatz 1, 65189 Wiesbaden.

You can reach them day or night at +49 611 999-333.

Scope of Coverage

We provide organisational and/or financial assistance in the event of illness, accident, death or another emergency affecting you as the cardholder or another insured person during a trip abroad.

For details on the services, please refer to the contractual documents.

Contractual Basis

This insurance contract is based on the "General Terms and Conditions for Travel Assistance and Repatriation Costs (ABBR)," excerpts of which are reproduced below.

Excerpt from the "General Terms and Conditions for Travel Assistance and Repatriation Costs Insurance (ABBR)"

Version: 1 January 2017

§ 1 Scope of Coverage

The insurer, hereinafter referred to as R+V, provides assistance or compensation in the following emergencies that befall any of the insured persons during the trip:

a) Illness/Accident (Section 2)
b) Death (Section 3)
c) Search, rescue, and recovery costs (Section 4, No. 1)
d) Law enforcement measures (Section 4, No. 2)
e) Loss of Travel Funds (Section 4, No. 3)
f) Loss of Travel Documents (Section 4, No. 4)

§ 2 Illness/Accident

(1) Outpatient Treatment
Upon request, R+V provides information about medical care options. Wherever possible, R+V will recommend a German- or English-speaking doctor. However, R+V does not contact the doctor directly.

(2) Hospital stay
If the insured person becomes ill or suffers an accident and is admitted to a hospital for inpatient treatment as a result, R+V will provide the following benefits:

a) Arranging Medical Care
R+V will arrange for a doctor appointed by R+V to contact the insured person's GP and the treating hospital doctors. During the hospital stay, R+V will ensure that information is exchanged between the doctors involved. Upon request, R+V will also notify the next of kin.

b) Hospital Visiting Expenses
If the hospital stay lasts longer than ten days, R+V will arrange travel for someone close to the insured person to visit them in hospital and return home, and will cover the resulting travel costs. However, the costs of the stay (e.g., lodging expenses) are not covered by insurance.

c) Guarantee of payment/Billing
Where necessary, R+V will provide the hospital with a guarantee of payment of up to EUR 12,500. R+V handles the settlement of claims with the health insurer or other third parties obligated to cover the costs of inpatient treatment on behalf of and at the request of the insured person. Unless the amounts advanced by R+V are covered by a health insurer or a third party, the insured person must reimburse R+V within one month of the invoice date.

(3) Medical Repatriation
If medically appropriate, R+V will arrange for the insured person to be transported back to their place of residence or to the nearest hospital using suitable means of transport (including an air ambulance). R+V will cover the additional costs incurred compared to the originally planned return trip.

(4) Return of Children
If insured children under the age of 16 traveling with the insured person can no longer be cared for due to the illness or injury of an insured person, R+V will arrange for them to be picked up and transported back to their place of residence with an accompanying adult and will cover the additional costs incurred compared to the originally planned return trip.

§ 3 Death

(1) Funeral Abroad
If the insured person dies while traveling, R+V will, at the request of the next of kin, arrange for the funeral abroad and cover the costs.

(2) Repatriation
Alternatively, under Section 3, No. 1, R+V will arrange for the deceased to be transported to the place of burial in their country of residence and cover the associated costs.

(3) Repatriation of Children
If insured children under the age of 16 traveling with the insured person can no longer be cared for as a result of the insured person's death, R+V will arrange for them to be picked up and transported back to their place of residence with an accompanying adult and will cover the additional costs incurred compared to the originally planned return trip.

§ 4 Other Emergencies

(1) Search, Rescue, and Recovery Costs
If the insured person is involved in an accident and must be searched for, rescued, or recovered as a result, R+V will reimburse the costs up to 2,500 EUR.

(2) Law enforcement measures
If the insured person is arrested or faces the threat of arrest, R+V will assist in finding a lawyer and an interpreter. R+V will advance court costs, legal fees and interpreter fees incurred in this connection, up to EUR 2,500. In addition, R+V will advance up to EUR 12,500 for any bail required by the authorities.

The insured person must repay R+V the amounts advanced immediately after receiving reimbursement from the authorities or the court, and no later than three months after the advance was paid.

(3) Loss of Travel Funds
If necessary, R+V will assist in transferring a payment provided by the insured person's primary bank to the insured person.
If it is not possible to contact the insured person's primary bank within 24 hours, R+V will provide the insured person with an amount of up to 1,500 EUR. This amount must be repaid to R+V in a single lump sum within one month after the end of the trip.

(4) Loss of Travel Documents
In the event of theft, robbery, or other loss of documents necessary for continuing the trip, R+V will assist in obtaining replacements and cover the associated fees.

§ 7 Exclusions of Liability

Insurance coverage is not provided

(1) for damage caused directly or indirectly by riots, terrorism, civil unrest, acts of war, nuclear energy (compensation for damage caused by nuclear energy is governed exclusively by the Atomic Energy Act), government orders or earthquakes.
If the insured person is caught off guard by one of these events, insurance coverage applies within the first 14 days following the initial onset, provided that R+V is able to pay benefits.

(2) In the cases described in Sections 2 and 3, for damages caused by an illness or injury that first occurred or recurred, or that was still present, within six weeks prior to the start of the trip.

§ 10 Transfer of Claims

The insured person's claims against the health insurer or third parties are transferred to R+V to the extent that R+V has compensated for the loss.

§ 11 Obligations in the Event of an Insured Loss

(1) The insured person must

a) report a claim to R+V immediately and to agree on whether and what benefits R+V will provide;

b) avoid anything that could lead to an unnecessary increase in costs;

c) To permit R+V to conduct any reasonable investigation into the cause and amount of the loss and the scope of its obligation to pay benefits, to provide any information relevant to this investigation, to submit original receipts as proof of the amount of the loss, and, if necessary, to release the treating physicians from their duty of confidentiality pursuant to § 213 of the Insurance Contract Act.

(2) Is R+V liable due to a breach of the obligation under If it is not possible to settle the claim with the health insurer or third party under Section 11, No. 1(b), R+V is entitled to reclaim the amounts advanced from the insured person in a single payment within one month, reduced in proportion to the degree of fault.

§ 12 Specific Grounds for Forfeiture

R+V is not liable to pay compensation if

(1) the insured person intentionally caused the insured event; if the loss was caused by gross negligence, R+V is entitled to reduce its benefits in proportion to the severity of the fault;

(2) the insured person fraudulently attempts to mislead R+V regarding circumstances that are relevant to the basis for or the amount of the benefit.

§ 13 Payment of Compensation

If R+V's obligation to pay is established both as to the grounds and the amount, the compensation must be paid within two weeks. If R+V has established that it is obligated to pay compensation but cannot determine the amount within one month of the loss being reported, the policyholder may request an advance payment of at least the minimum amount payable based on the circumstances of the case.

4. Overseas Travel Assistance Insurance

Insurer

The insurer is R+V Allgemeine Versicherung AG, Raiffeisenplatz 1, 65189 Wiesbaden.

You can reach them day or night at +49 611 999-333.

Scope of Coverage

We provide organizational and/or financial assistance in the event of a breakdown, accident, or theft if you, as the cardholder, or another insured person are traveling in another European country with your vehicle.

For details on the services, please refer to the contractual documents.

Contractual Basis

The insurance contract is based on the "General Terms and Conditions for Overseas Travel Assistance Insurance (OTA)," excerpts of which are reproduced below.

Excerpt from the "General Terms and Conditions for Overseas Travel Assistance Insurance (OTA)"

Version: 1 January 2021

§ 1 Covered Risks and Covered Vehicles

(1) The insurer, hereinafter referred to as R+V, will provide assistance or pay compensation in the following cases:

a) Breakdowns and Accidents (Section 2)
   aa) Restoring the vehicle to roadworthy condition at the scene of the breakdown or accident (Section 2, No. 1);
   bb) Recovery and Removal (Section 2, No. 2);
   cc) Overnight accommodation in the event of a vehicle breakdown (Section 2, No. 3);
   dd) Onward or return travel in the event of a vehicle breakdown (Section 2, No. 4a);
   ee) Rental car in the event of a vehicle breakdown (Section 2, No. 4b);
   ff) Shipment of replacement parts (Section 2, No. 5);
   gg) Vehicle transport in the event of a vehicle breakdown (Section 2, No. 6);

b) Theft and Total Loss (Section 3)
   aa) Overnight accommodation (Section 3, No. 1);
   bb) Onward or return travel (Section 3, No. 2);
   cc) Rental car (Section 3, No. 3);
   dd) Vehicle customs clearance and scrapping (Section 3, No. 4);

c) Driver incapacity (Section 4)
   aa) Vehicle repatriation (Section 4, No. 1);
   bb) Overnight accommodation (Section 4, No. 2)

(2) Insured vehicles are

a) the insured persons' own vehicles,

b) a company vehicle provided to the insured person for a business trip, or

c) a self-drive rental vehicle (rental car) rented by the insured person,

provided that the vehicle is a passenger car, a motorcycle with an official registration plate, or a campervan. The vehicles listed must be designed and equipped to carry no more than nine people (including the driver).

The insurance coverage also extends to towed trailers (with the exception of trailers used for transporting animals, mobile sales units, and refrigerated trailers), as well as luggage and cargo carried for non-commercial purposes.

At any given time, insurance coverage applies to only one vehicle.

§ 2 Breakdowns and Accidents

If the vehicle is unable to continue its journey due to a breakdown (brake failure, mechanical failure or damage caused solely by breakage) or an accident (a sudden event involving mechanical force acting on the vehicle from outside), R+V will provide the following benefits:

(1) restoring the vehicle to roadworthy condition at the scene of the breakdown or accident through roadside assistance, up to a maximum of EUR 100 (including small parts carried by the roadside assistance vehicle);

(2) recovery of the vehicle if it has veered off the road, and towing, whereby R+V's obligation to provide coverage for towing is limited to a maximum amount of 150 EUR;

(3)

a) one night's accommodation for the cardholder and the co-insured persons, up to EUR 60 per person, if the vehicle cannot be made roadworthy at or near the scene of the breakdown or accident on the day it occurs and the cardholder and co-insured persons therefore stay overnight at the repair workshop or the nearest location offering accommodation;

b) additional overnight accommodation as described in (a) until the vehicle is restored to roadworthy condition, if the vehicle cannot be made roadworthy by the day following the breakdown or accident, for a maximum of two additional nights;

(4) in lieu of the benefit specified in No. 3(b)

a) travel by the cardholder and co-insured persons on public transport, at each person's discretion, either to the destination and from there to the repair workshop at or near the scene of the breakdown or accident, or from the cardholder's place of residence, or that of a person authorised by the cardholder, to the repair workshop at or near the scene of the breakdown or accident, in each case by the shortest route; Reimbursement is limited to the cost of second-class rail travel, including supplements, and taxi fares to and from the nearest accessible public transport service, up to a total of EUR 35. If the destination lies outside the area of coverage, benefits are limited to travel within that area;;

or

b) the rental of a comparable self-drive vehicle for the period until repairs are completed, up to a maximum of seven days and EUR 50 per day. If this benefit is claimed, neither the cardholder nor any of the co-insured persons is entitled to benefits under No. 3(b) or No. 4(a);

(5) transport of replacement vehicle parts by rail or air to the location of the breakdown or accident within the area of coverage, and any necessary one-way return transport of replaced engines, transmissions or axles; The replacement parts must be necessary to restore the vehicle to roadworthy condition and must not be available at or near the scene of the breakdown or accident;

(6) transport of the vehicle from the location of the breakdown or accident within the area of coverage to a repair workshop at the cardholder's registered place of residence, or onward transport to the destination, provided that this does not incur higher costs than transport back to the place of residence and that repairs are possible at the destination;
The vehicle must be capable of being restored to roadworthy condition at or near the scene of the breakdown or accident, and the repair costs must not exceed the vehicle's replacement value in the cardholder's country of residence on the date of the loss. Replacement value is the purchase price that must be paid to acquire an equivalent used vehicle.

§ 3 Theft and Total Loss

If the vehicle cannot be driven back to the cardholder's place of residence due to theft or a total loss (where the repair costs exceed the cost of purchasing an equivalent used vehicle in the cardholder's country of residence on the date of the loss), the insurer will provide the following benefits:

(1) A maximum of three overnight stays for the cardholder and the co-insured individuals, up to 60 EUR per person, provided that overnight accommodation is necessary due to theft or total loss;

(2) Travel by the cardholder and the co-insured persons via public transportation to the destination and back to the cardholder's officially registered residence, taking the shortest route in each case. Reimbursement is limited to the cost of second-class rail travel. including supplements, and taxi fares to and from the nearest accessible public transport service, up to a total of 35 EUR;

(3) instead of the benefit specified in No. 2, the rental of a comparable self-drive vehicle for onward or return travel, for a maximum of seven days and 50 EUR per day; If this service is utilized, neither the cardholder nor any of the eligible passengers is entitled to the benefits specified in No. 2;

(4) customs clearance and scrapping of the vehicle through reimbursement of the customs duties incurred for the vehicle or the costs of scrapping, if such scrapping is carried out to avoid customs duties.

§ 4 Driver Incapacity

If, during a trip, the driver dies or becomes unable to drive due to illness or injury for a period longer than three days, and neither the driver nor any of the passengers can drive the vehicle back, R+V will provide coverage for:

(1) Travel, lodging, and meals for a replacement driver who returns the vehicle to the cardholder's officially registered residence. R+V's benefits are limited to a maximum of 0.25 EUR per kilometre of distance to the cardholder's place of residence;

(2) A maximum of three overnight stays for the cardholder and eligible passengers until the vehicle is retrieved, up to 60 EUR per person per stay, provided that the overnight stays are necessary due to the driver's unavailability.

§ 7 Specific Risk Exclusions

Insurance coverage is not provided,

(1) if the driver did not have the required driver's license at the time the damage occurred. However, the obligation to provide coverage remains in effect for those insured persons who, through no fault of their own, were unaware of the lack of a driver's license;

(2) For damage caused by acts of war of any kind, civil unrest, acts of government, earthquakes or nuclear energy (compensation for damage caused by nuclear energy is governed exclusively by the Atomic Energy Act);;

(3) for damages incurred while participating in driving events in which the goal is to achieve a maximum speed, or during the associated practice runs;

(4) if, at the time the loss occurs, the cardholder or the co-insured persons are using the vehicle for commercial passenger transportation or commercial rental;

(5) if the insured event occurred within 50 km (as the crow flies) of the cardholder's or the co-insured persons' residence near the border;

(6) if, in the cases specified in § 4, the cardholder's or the co-insured person's illness or injury had already occurred or was still present within six weeks prior to the start of the trip.

§ 8 Cardholder's Obligations in the Event of an Insured Event

Upon the occurrence of an insured event, the cardholder must

a) notify R+V of the loss immediately;

b) to prevent or minimize the damage to the extent possible and, in doing so, to follow R+V's instructions to the extent reasonable. to the extent circumstances permit, seek such instructions;

c) permit R+V to carry out any reasonable investigation into the cause and amount of the loss and the extent of its obligation to provide benefits, provide any relevant information, submit original receipts as evidence of the amount of the loss and, where necessary, release the treating physicians from their duty of confidentiality pursuant to Section 213 of the German Insurance Contract Act (VVG);

d) assist R+V in asserting any claims for compensation transferred to it under Section 86 of the German Insurance Contract Act (VVG), provide the necessary information and hand over the relevant evidence;

e) provide R+V with the name, address and insurance policy or membership number of any other existing insurance policy, provided that it covers the same risk.

§ 9 Specific Grounds for Forfeiture

R+V is not liable to pay compensation if

(1) the cardholder or the co-insured persons intentionally caused the damage; if the damage was caused by gross negligence, R+V is entitled to reduce its benefits in proportion to the severity of the fault;

(2) the cardholder or the co-insured persons attempt to fraudulently mislead R+V regarding facts that are relevant to the basis for or the amount of the compensation.

§ 10 Payment of Compensation

If R+V's obligation to pay compensation has been established in terms of both liability and amount, compensation must be paid within two weeks. If R+V has established its obligation to pay compensation but cannot determine the amount within one month of the loss being reported, an advance payment of at least the minimum amount payable based on the circumstances of the case may be requested.

5. Travel Cancellation / Interruption Insurance

Insurer

The insurer is the
KRAVAG-LOGISTIC Versicherungs-Aktiengesellschaft,
Heidenkampsweg 102, 20097 Hamburg.
This is a company of the R+V
Insurance Group.

The insurance contract is
administered by KRAVAG-LOGISTIC
Versicherungs-Aktiengesellschaft Frankfurt,
Voltastraße 84, 60486 Frankfurt.

You can reach them day or night at +49
611 999-333.

Contractual Basis

General Terms and Conditions for Travel Cancellation Insurance for GoldCard Holders (ABRV), as well as the Special Terms and Conditions for the ABRV regarding rented vacation rentals.

In the event of trip cancellation or interruption, please use the online claims form at
www.ruv.de/service/schadenservice/schadenmeldung-reiseruecktritt

Online Claim Filing

"General Terms and Conditions for Travel Cancellation Insurance for GoldCard Holders (ABRV)"

Version: 1 January 2023

§ 1 Scope of Coverage (Insured Event)

For trips (including individual trips and package holidays) booked by a private individual, the insurer (hereinafter referred to as KRAVAG) will reimburse expenses in accordance with Section 2 if, for one of the reasons listed below, the insured person cannot reasonably be expected, based on general life experience, to commence the trip or complete it as planned. KRAVAG is obligated to pay benefits if any of the following insured events occur to the cardholder or an insured person travelling with the cardholder:

(1) Death, serious accidental injury or unexpected serious illness of an insured person, their spouse or registered partner, their partner living in the same household, their children, parents, siblings, grandparents, grandchildren, parents-in-law, children-in-law or siblings-in-law;

(2) Vaccine adverse reactions in an insured person;

(3) Pregnancy of an insured person;

(4) Damage to an insured person's property caused by fire, a natural event (excluding mains water damage) or an intentional criminal act by a third party, provided that the damage is substantial or the insured person's presence is necessary to assess the damage;

(5) Loss of an insured person's job due to an unexpected termination by the employer for business reasons;

(6) An insured person begins employment, provided that he or she was unemployed at the time the trip was booked and the employment office approved the trip.

§ 2 Scope of Benefits

If an insured event occurs under Section 1, KRAVAG will provide benefits proportionately for the insured persons (see Section 2 of the General Provisions), based on the number of people booked

(1) if the trip is not taken.
Cancellation costs contractually owed to a tour operator or another party will be reimbursed.

(2) in the event of premature termination of the trip.
The following will be reimbursed:

a) the additional return travel expenses for which proof has been provided and any other additional costs incurred by the insured as a direct result thereof. This is subject to the condition that travel to and from the destination is included in the insured package. When reimbursing these expenses, the quality of the transportation, lodging, and meals will be based on the level booked for the trip. If, contrary to the booked itinerary, a return flight becomes necessary, only the cost of a seat in the lowest flight class will be reimbursed.

b) Expenses incurred by the insured person for travel services that were booked but not used. If KRAVAG or a third party reimburses the costs of returning early, there is no entitlement to reimbursement of the costs of the originally planned return journey.

(3) in the event of a delayed start to the trip.
The following will be reimbursed:

a) any additional outward travel costs incurred and substantiated by evidence, together with any other additional costs incurred by the insured person as a direct result. This is subject to the condition that travel to and from the destination is included in the insured package. When reimbursing these expenses, the type and class of transportation, lodging, and meals will be based on the quality booked for the trip. If, contrary to the booked trip, it becomes necessary to travel by plane for the outbound leg, only the cost of a seat in the lowest class of service will be reimbursed. Costs will be reimbursed up to the amount of the cancellation charges that would have been incurred if the trip had not been taken.

b) Expenses incurred by the insured person for travel services that were booked but not used. If KRAVAG or a third party reimburses the costs of the delayed outbound trip, the claim for reimbursement of the costs of the originally planned outbound trip is waived.

(4) in the event of a delayed return journey.
Any additional return travel costs incurred and substantiated by evidence will be reimbursed, together with any other additional costs incurred by the insured person as a direct result. This is subject to the condition that travel to and from the destination are included in the insured package. When reimbursing these costs, the type and class of transport will be based on the standard booked for the trip.
If, contrary to the booked itinerary, a return flight becomes necessary, only the cost of a seat in the lowest class of service will be reimbursed. If the costs of the delayed return journey are reimbursed, there is no entitlement to reimbursement of the costs of the originally planned return journey. Accommodation costs incurred as a result of the extension are not covered by insurance.

(5) Costs for medical certificates verifying an insured event, up to 2.3 times the rate specified in the Schedule of Fees for Physicians (GOÄ).

§ 3 Sums Insured

The sum insured is EUR 10,000 per family and claim, subject to a maximum of 5,000 EUR per insured person and claim.

§ 4 Deductible

An excess of 300 EUR per trip applies to each claim.

§ 5 Eligibility Requirements

The trip was booked during the period of insurance coverage. It does not matter whether the trip was paid for by credit card.

§ 6 Exclusions

(1) Medical expenses, costs for accompanying persons, and costs for the repatriation of a deceased insured person are not covered.

(2) The following are not covered:

a) Costs for admission tickets, license fees, parking fees, and ski passes,

b) Fees for obtaining travel documents, such as visas, ESTA, etc.,

c) Credit card fees, processing fees,

d) vaccination fees.

(3) KRAVAG is not liable for risks arising from war, civil war or war-like events, or from the hostile use of weapons of war, regardless of whether war has been declared, or from the presence of weapons of war as a result of such risks, political violence, riots, civil unrest or nuclear energy.

(4) KRAVAG is not obliged to pay benefits if the insured event was foreseeable to the insured person when the insurance policy was taken out or the trip was booked, or if the insured person deliberately caused the insured event.

§ 7 Obligations of the Insured in the Event of a Claim

The insured person is required to

(1) to notify KRAVAG immediately of the insured event and, at the same time, cancel the trip with the booking agent or, if the trip has already begun, inform the tour operator;

(2) to provide KRAVAG with any information requested in connection with the claim and submit all necessary supporting evidence without being asked, particularly medical certificates relating to illnesses, accidents, vaccine intolerance or pregnancy as defined in Section 1, together with the booking documents;

(3) at KRAVAG's request, to release the doctors from their duty of confidentiality in relation to the insured event, insofar as this request is legally permissible;

(4) to submit a medical certificate from a psychiatrist to KRAVAG in cases of mental illness.

§ 8 Payment of Compensation

If KRAVAG's obligation to pay is established both as to the merits and the amount, the compensation must be paid within two weeks.

Special Terms and Conditions for Holiday Accommodation Rented under the ABRV

When entering into rental agreements for holiday homes or holiday apartments in hotels, Section 2 of the General Terms and Conditions for Travel Cancellation Insurance for GoldCard Holders (ABRV) applies as follows:

In the event of an insured loss pursuant to § 1, KRAVAG shall pay compensation to the insured persons (see Section 2 of the General Provisions) on a pro rata basis in proportion to the number of people booked:

› if the holiday apartment, holiday home or hotel apartment is not used for one of the reasons specified in Section 1 ABRV, the cancellation costs contractually owed to the landlord or another party by the insured person;
› in the event of early departure from the holiday apartment, holiday home or hotel apartment, or delayed arrival due to one of the important reasons specified in Section 1 ABRV, the proportion of the rental costs attributable to the unused period, provided the accommodation could not be re-let.

The remaining provisions of the ABRV apply accordingly.

Explanation of Insurance Coverage

Insurance coverage applies, among other things, if an unexpected serious illness makes it unreasonable to expect the trip to go ahead as planned.
KRAVAG wants you to fully understand your insurance. That is why we explain the technical term “unexpected serious illness” and provide examples. Please note that these examples are not exhaustive.

"Unexpected serious illness"

The policy covers unexpected serious illness. The illness must be “unexpected” and “severe.” We will first define what is meant by “unexpected” and then provide examples of “serious” illnesses.

When is an illness considered unexpected?

The first occurrence of an illness after the insurance policy has been taken out is considered unexpected. For annual policies or existing insurance policies, this applies to the first occurrence of an illness after the trip has been booked.

The recurrence of an illness is also covered if no treatment for that illness was received in the six months before the insurance policy was taken out or, in the case of an existing insurance policy, before the trip was booked.

If no treatment for a pre-existing illness was received in the six months before the insurance policy was taken out or, in the case of an existing insurance policy, before the trip was booked, an unexpected worsening of that illness is also covered.

Regular medical examinations conducted to assess a person's state of health are not considered treatment. These examinations are not carried out for any specific reason and are not intended to treat the illness.

When is an illness considered serious?

Examples of serious illnesses that may make it unreasonable to travel (non-exhaustive list):

› The treating doctor has certified that the insured person is unfit to travel.
› The medically certified health impairment is so severe that the insured person cannot take part in the main activity planned for the trip due to the symptoms of the illness.
› The insured person’s presence is required to care for someone at high risk due to a medically certified illness.

When is an illness considered unexpected and severe?

Examples of an “unexpected serious illness” (non-exhaustive list):

› The insured person takes out insurance for a trip they have booked. Before the trip begins, the insured person suffers a heart attack for the first time.
› The insured person’s mother is diagnosed with pneumonia after the insurance policy has been taken out and the trip has been booked. Due to her illness, the mother relies on the insured person to care for her.
› The insured person has an allergy when the insurance policy is taken out. The allergy has not been treated in the six months before the insurance policy was taken out or the trip was booked. A severe allergic reaction occurs before the trip begins. This was certified by the doctor. Due to the severity of the allergic reaction, the insured person is unable to take part in the main activity planned for the trip.

When is insurance coverage not provided?

Not all conceivable situations are covered. Example of a situation in which an illness is not considered an “unexpected serious illness” (non-exhaustive list):

› The insured person has an illness characterised by recurring episodes (e.g. multiple sclerosis or Crohn’s disease). Treatment for the pre-existing condition was received during the six months prior to taking out insurance or booking the trip. This illness is therefore not covered.

6. Supplementary Provisions

Excerpt from the Insurance Contract Act (VVG)

§ 28 Breach of a Contractual Obligation

(2) If the contract stipulates that the insurer is not obliged to pay benefits in the event of a breach of an obligation, the insurer is released from this obligation if the policyholder deliberately breaches the obligation. In the event of a grossly negligent breach of an obligation, the insurer is entitled to reduce its benefits in proportion to the severity of the policyholder's fault. The burden of proving that the policyholder was not grossly negligent rests with the policyholder.

(3) Notwithstanding paragraph 2, the insurer remains obliged to pay benefits insofar as the breach of the obligation was not responsible for either the occurrence or determination of the insured event, or for determining the insurer's liability or the extent of that liability. Sentence 1 does not apply if the policyholder has fraudulently breached the obligation.

(4) The insurer may only rely on full or partial exemption from liability under paragraph 2 for a breach of an obligation to provide information or clarification after the insured event if it has informed the policyholder of this legal consequence in a separate written notice.

§ 44 Rights of the Insured Person

(1) In the case of insurance for the account of a third party, the rights under the insurance contract belong to the insured. However, only the policyholder may request that the insurance policy be sent to them.

(2) The insured may exercise his or her rights and assert them in court without the policyholder's consent only if he or she is in possession of the insurance policy.

§ 82 Prevention and Mitigation of Loss

(1) Upon the occurrence of an insured event, the policyholder must, to the extent possible, take steps to prevent or minimize the loss.

(2) The policyholder must follow the insurer's instructions to the extent that this is reasonable for the policyholder and must seek instructions when circumstances permit. If more than one party is a party to the insurance contract

If the insurers involved issue different instructions, the policyholder must act in accordance with due diligence.

(3) In the event of a breach of an obligation under paragraphs 1 and 2, the insurer is not obligated to pay benefits if the policyholder intentionally breached the obligation. In the event of a grossly negligent breach of an obligation, the insurer is entitled to reduce its benefits in proportion to the severity of the policyholder's fault. The burden of proving that the policyholder was not grossly negligent rests with the policyholder.

§ 83 Reimbursement of Expenses

(1) The insurer must reimburse the policyholder for expenses incurred under § 82, paragraphs 1 and 2, even if the measures taken were unsuccessful, provided the policyholder could reasonably have considered them necessary under the circumstances. The insurer must advance the amount necessary to cover the expenses at the policyholder's request.

§ 86 Transfer of Claims for Compensation

(1) If the policyholder has a claim for compensation against a third party, that claim passes to the insurer to the extent that the insurer compensates the policyholder for the loss. The transfer may not be invoked to the detriment of the policyholder.

(2) The policyholder must preserve their claim for compensation, or any right serving to secure that claim, in accordance with the applicable formal requirements and deadlines and, where necessary, assist the insurer in enforcing the claim. If the policyholder intentionally breaches this obligation, the insurer is not obligated to pay benefits to the extent that, as a result, the insurer cannot obtain compensation from the third party. In the event of a breach of an obligation due to gross negligence, the insurer is entitled to reduce its benefits in proportion to the severity of the policyholder's fault; the burden of proof that gross negligence did not occur rests with the policyholder.

(3) If the policyholder's claim for compensation is directed against a person with whom the policyholder was living in the same household at the time the loss occurred, the subrogation under paragraph 1 may not be asserted unless that person caused the loss intentionally.

Complaints, Disputes

If you have any problems or complaints, you can use the out-of-court complaints and dispute resolution procedures offered by the Ombudsman for Private Health and Long-Term Care Insurance (PKV Ombudsman) or the Insurance Ombudsman.

For international travel health insurance, please contact:

PKV OMBUDSMAN

Private Health and Long-Term Care Insurance, P.O. Box 06 02 22
10834 Berlin

Email: ombudsmann@pkv-ombudsmann.de

R+V Krankenversicherung AG has agreed to participate in dispute resolution proceedings before a consumer arbitration board. The Private Health Insurance Ombudsman performs this role. R+V Krankenversicherung AG states that it will participate in the proceedings. By filing a complaint with the PKV Ombudsman, you are not assuming any obligations. The Ombudsman's recommendation is in no way binding on you.

For more information about the process, please visit the PKV Ombudsman's website: **www.pkv-ombudsmann.de.**

For all other types of insurance, please contact:

Versicherungsombudsmann e. V. P.O. Box 080632
10834 Berlin

Tel.: +49 40 3282-2165
Email: beschwerde@versicherungsombudsmann.de

The Insurance Ombudsman is an independent dispute resolution body that provides its services free of charge. The insurers party to the group insurance contract have agreed to participate in the mediation proceedings.

Further information is available online at **www.versicherungsombudsmann.de.**

There is no charge for this procedure.

Decisions by the Insurance Ombudsman involving amounts of up to
10,000 EUR are binding on the insurers concerned.

Regardless of whether you choose to use these out-of-court complaint mechanisms, you still have the option of pursuing legal action.

Regulatory Authority and Complaints

The supervisory authority responsible for R+V Krankenversicherung AG, R+V Allgemeine Versicherung AG and KRAVAG-LOGISTIC Versicherung AG is the Federal Financial Supervisory Authority (BaFin), Insurance Supervision Division, Graurheindorfer Str. 108, 53117 Bonn.

You can file a complaint with the Federal Financial Supervisory Authority by mail or by fax:

Bundesanstalt für Finanzdienstleistungsaufsicht, Graurheindorfer Straße 108
53117 Bonn

Fax: +49 40 3282-2165

Regardless of this, you still have the option of taking legal action.

Note: BaFin is not an arbitration body and cannot issue binding rulings on individual disputes.

7. Information on Data Processing

The data processing information sheet is **available** online at **www.ruv.de/datenschutz.**

We would also be happy to send you the document by post. Please contact your designated representative regarding this matter.

Your Personal Assistance for Services and Emergencies

In case of an emergency, contact the R+V Insurance emergency call centre, which is available 24 hours a day.
In case of an emergency, call the R+V Versicherung emergency centre which is available 24 hours a day.

Dialling code for Germany
Dialling code for Germany

+49 611 999-333



Important Information When Calling for Assistance

Please provide us with your phone number and the time when we can reach you. We'll call you, at our expense. You can then describe your problems to us in detail.

To help us assist you quickly, please provide the following information when you first contact us:

› Your credit card number
› Your current location and phone number
› Your name
› The illness or injury, if applicable
› If applicable, the location of the person requiring assistance (hospital, hotel or doctor's surgery, including telephone number and address)
› If applicable, the make and model year of your vehicle

In the event of trip cancellation or interruption, please use the online claim form at **www.ruv.de/service/schadenservice/schadenmeldung-reiserucktritt**

Want to get there even faster? Simply scan the QR code or click the button:

Online Claim Filing

Don't forget to enter your credit card number.

Please keep in mind that the GoldCard's insurance benefits provide only limited coverage and are no substitute for comprehensive insurance covering all necessary areas.

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Further information is available from Volksbanken and Raiffeisenbanken, R+V agencies and the head offices of the companies in the R+V Insurance Group, Raiffeisenplatz 1, 65189 Wiesbaden

Tel.: 0800 533-1112
Free from all German landline and mobile networks

www.ruv.de

R+V Allgemeine Versicherung AG
R+V Krankenversicherung AG

Die Versicherung in der

Genossenschaftliche FinanzGruppe
Volksbanken Raiffeisenbanken