

Services	Basic 5	Comfort 10	Premium 50
Reimbursement of emergency medical costs incurred abroad	Maximum claims amount (HUF)		
in case of falling ill	5,000,000	10,000,000	50,000,000
expenses related to accidents and rescue necessitated by accidents	7,500,000	10,000,000	50,000,000
dentist expenses	40,000	60,000	80,000
dentist expenses (limit/tooth:)	20,000	30,000	40,000
Accident Insurance services			
death by accident	1,000,000	1,000,000	2,000,000
Permanent disability caused by accident			
total disability (100%), partial disability (proportional reimbursement)	1,000,000	1,000,000	2,000,000
reimbursement per day hospitalized after accidents, in case of using EEK card (max 10 days)	10,000	10,000	20,000
Luggage Insurance services			
illegitimate appropriation, destruction of luggage during travels abroad	100,000	100,000	200,000
200 000 of which, limit per object (except for photo camera and video camera, mobile phone)	20,000	30,000	50,000
reimbursement of justified value of photo and video camera, proven by invoice, but max.	100,000	100,000	100,000
reimbursement of justified value of mobile phone, proven by invoice, but max.	—	50,000	100,000
of which, limit per baggage	50,000	60,000	100,000
replacement of travel documents stolen, destroyed	5,000	10,000	100%
replacement of bankcard stolen, destroyed	1,500	5,000	10,000
consulate expenses incurred in connection with replacing travel documents	10,000	10,000	50,000
late luggage, 6-12 hours (only abroad)	10,000	10,000	30,000
late luggage, more than 12 hours (only abroad)	50,000	50,000	100,000
Assistance services			
transportation of the sick customer for emergency medical treatment and to Hungary	100%	100%	100%
cost of transporting body to Hungary	100%	100%	100%
transporting home children under 14	100%	100%	100%
cost of early return home	100%	100%	100%
cost of extending stay abroad because of sickness or accidents	100,000	300,000	500,000
accommodation limit/night	15,000	15,000	15,000
cost of visits by direct relatives	100,000	300,000	500,000
of which, cost of transport	100,000	100,000	100,000
accommodation limit/night	15,000	15,000	15,000
advice in case of loss of travel documents	Yes	Yes	Yes
arrangement for cash assistance services	—	Yes	Yes
costs of driver services (reimbursement of travel costs incurred in connection with transporting the passenger car home)	—	—	200,000
arrangement for transporting passenger car to service	Yes	Yes	Yes
Health care assistance			
medical consultancy	Yes	Yes	Yes
sending physician on site, communication of address	Yes	Yes	Yes
information to relatives	Yes	Yes	Yes
Legal protection services			
legal representation incurred abroad, bail deposits, use of experts if necessary	—	500,000	2,000,000
personal liability insurance	—	500,000	2,000,000
attorney's costs incurred abroad	—	—	2,000,000

Information for Clients

Dear Client,

Please allow us to provide you with information on our group travel insurance facility created to provide insurance protection to clients holding bankcards and credit cards (hereinafter: Bankcards) issued by Budapest Bank Zrt., as well as on the main features and the services of our travel insurance product.

The current list of Bankcards associated by default with travel insurance (hereinafter: Bankcards with insurance coverage), and for which additional luggage or optional travel insurance may be requested, is available on the www.budapestbank.hu website, in branches of Budapest Bank Zrt and its Telebank.

Please read this client information and the General and Special travel insurance conditions carefully. If you have questions or comments feel free to contact the Insurer or Budapest Bank Zrt.!

Further information is available on the websites www.union.hu and www.budapestbank.hu.

Subjects of the Insurance Contract

Contracting party

For both **Automatic** and **Optional** travel insurance, it shall be Budapest Bank Zrt. (hereinafter referred to as the Bank).

Insurer

UNION Vienna Insurance Group Biztosító Zrt. 1082 Budapest, Baross u. 1. (hereinafter referred to as the Insurer)

Insured Party

For **Automatic** travel insurance: A main or associated card holder older than 14 who has a Bankcard issued, activated and covered by the Bank. For **Optional** travel insurance: Upon payment of extra premium, any individual older than 14 who holds or has applied for a Bankcard with Insurance Coverage may be qualified as Insured Party. For family version, the civil union partner / spouse and natural, foster and adopted children under 18 of the Insured Party shall also be qualified as Insured Party.

Beneficiary

The Insured Party during the Insured Party's lifetime, or the person indicated in its written statement to the Insurer. If no Beneficiary has been designated or the Beneficiary has died before the occurrence of the insured event, the inheritor of the Insured Party shall be entitled to the insurance services.

Please see the Service Chart and General and Special Travel Insurance Terms for information on Insured Events and insurance services.

Card type		Insurance product				
		Basic 5	Comfort 10		Premium 50	
		individual	individual	family	individual	family
Consumer cards	Embossed consumer debit and investment cards (except for MasterCard Embossed and Gold Card)	Automatically	2,900	7,800	5,200	11,900
	Electronic consumer cards and MasterCard Embossed Card	—	3,900	9,900	5,900	15,900
	Budapest Bank Gold Cards	—	Automatically	7,800	5,200	11,900
	Budapest Bank consumer credit cards (except for Gold Cards)	—	3,900	9,900	5,900	15,900
Business cards	Embossed business debit and credit cards	Automatically	3,900	—	5,900	—
	Budapest Small Business Maestro Card	—	3,900	—	5,900	—

Services related to the insurance products

Insurer's risk bearing cover the following amateur sport	Basic 5	Comfort 10	Premium 50
skiing	Yes	Yes	Yes
snowboarding	Yes	Yes	Yes
amateur diving to maximum 40 meters	Yes	Yes	Yes
sea banana, tubing	Yes	Yes	Yes
rafting	Yes	Yes	Yes
hiking, mountain trekking (between 1500 and 3500 metres in	—	Yes	Yes
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wakeboard	—	Yes	Yes
windsurf	—	Yes	Yes
sailing	—	—	Yes
sea kayak	—	—	Yes
riding	—	—	Yes
The time period of the coverage (the duration of a one-time stay)	30	60	60
Territorial scope	Europe*	Globally	Globally

*For the purposes of this condition, Europe means: Russia's territory west to the Ural, Tunisia, Turkey's entire territory, as well as Cyprus, Madeira, Malta and the Canary Islands.

Information about premium payment method**Payment for the premium**

For automatic travel insurance, the insurance premium shall be paid by the Contracting Party and the Insured Party has no obligation to pay. For optional travel insurance, the Insured Party who either holds or has applied for a Bankcard with Insurance Coverage (or in case of associated cards, the owner of the bank account with the Bankcard) shall pay for the insurance premium applicable to the Insured Party (and for Family version, all Insured Parties included in the package) preferably on the day after, but no later than within 30 days of, making the declaration of enrolment and subsequently on the same anniversary date every year for the entire term of the insurance relationship. In case of non-payment, the Insurer's cover for the particular Insured Party (and for Family version, all Insured Parties included in the package) shall retroactively cease on the last day of the period for which the insurance premium has been paid.

Annual premiums for each product can be found on our website:

<http://www.budapestbank.hu/szolgalatas/lakossag/biztositas-utas.php>

Other information related to the service**Effective date of coverage**

In case of **Automatic** travel insurance, cover begins at 0 a.m. of the day following the activation of the Bankcard with Insurance Coverage, while in case of **Optional** travel insurance, the Insurer's cover starts at 0 a.m. of the day following the day when the declaration of enrolment is made. The Insurer's cover for a certain trip abroad begins at the time of leaving the territory of the Hungary and lasts until the time of re-entering Hungary.

Duration of insurance

Indefinite, in particular: insurance period is 1 year. During **Automatic** travel insurance, the Insured Parties may take an indefinite number of trips, subject to the limitation that the Insurer sets a maximum term of 60 days for one-time insured stays abroad in case of Budapest Bank Gold Cards, and maximum 30 days in case of any other Bankcard with Insurance Coverage.

In case of **Optional** travel insurance, the Insurer sets a maximum term of 60 days for one-time insured stays abroad. If the Insured Party reaches or exceeds 80 years of age during the insurance period, the Insurer's coverage will last for no more than 30 days from the commencement of the trip.

Insured Event

The Insurer provides coverage only for insured events that occur during the insurance period abroad in the persons and/or assets of the Insured Parties or in connection with such events, according to the Special Terms and Conditions for Travel Insurance. Attention!

In case of an Insured Party older than 80, the Insurer covers the expenses of medical treatments arising abroad only for injuries caused by accident.

Termination of the insurance coverage by the Insured Party

In case of automatic travel insurance, the Insured Party may notify the Bank any time in writing about its intention not to use the free travel insurance service. For **Optional** travel insurance, the Insured Party who either holds or has applied for a Bankcard with Insurance Coverage (or in case of associated cards, the owner of the bank account with the Bankcard) may terminate the travel insurance services by submitting their written cancellation notice to the Insurer

within 14 days of payment for the insurance premium following the insurance anniversary date.

Attention!

- In case of declaration of enrolment made via remote sales, you are entitled to terminate your **Optional** travel insurance within 14 days of receipt of the confirmation letter sent by Budapest Bank Zrt. in response to your declaration of enrolment and containing the cover policy and the terms and conditions for the insurance services or within 14 days of payment for the insurance premium following the insurance anniversary date, by submitting your written statement by mail to UNION Vienna Insurance Group Biztosító Zrt. Customer service office: 1134 Budapest, Váci út 33., or by fax at +36 1 413-5101.
- Otherwise, the Insured Party (or in case of associated cards, the owner of the bank account with the Bankcard) may terminate the travel insurance services within 14 days of making the declaration of enrolment or within 14 days of payment for the insurance premium after the insurance anniversary date, by submitting a written statement to the Insurer either by mail (UNION Vienna Insurance Group Biztosító Zrt. Customer service office: 1134 Budapest, Váci út 33.) or by fax at +36 1 413-5101.

Termination of insurance

The travel insurance relationship and Insurer's coverage for the concerned Insured Party is terminated in the following cases: In case of automatic travel insurance:

- the death of the Insured Party,
- the expiry of the validity of the Bankcard with Insurance Coverage or upon its cancellation, if the Insured Party does not activate the new card after mailing by Budapest Bank Zrt.
- at the termination of the Account Management Contract or the Card Contract,
- the Insured Party indicates in his written statement to Budapest Bank Zrt. that he does not intend to use the free travel insurance service otherwise connected to the Bankcard with Insurance Cover,
- Budapest Bank Zrt. or the Insurer terminates the group travel insurance contract and Budapest Bank Zrt. notifies the Insured Parties accordingly in writing,
- the group travel insurance contract concluded between Budapest Bank Zrt. and the Insurer is terminated at the end of the given insurance period for any reasons.

In case of **Optional** travel insurance:

- the death of the Insured Party,
- the Bank or the Insurer terminates the group travel insurance contract and the Bank notifies the Insured Parties accordingly in writing,
- at 12 p.m. of the last day of the insurance period, if you apply for another Optional travel insurance for another package during the term of the **Optional** travel insurance,
- at 12 p.m. of the last day of the insurance period, if during the term of the **Optional** travel insurance, the Bankcard connected to the insurance service expires or is cancelled definitively according to the bank's applicable general terms of contract, where a new Bankcard is not issued,
- at the termination of the Account Management Contract or the Card Contract, at 12 p.m. of the last day of the insurance period, retroactively on the last day covered by payment, in case of non-payment.

The Insurer's services

Our Insurer provides the services set out in chapter 4 of the Special travel insurance terms. We perform our service within 15 business days after receiving the entire documentation necessary for insurance payment, by transfer to the bank account indicated by you or by sending the amount to the address indicated by you.

Please read the information on the insurance services carefully!

Attention!

Should you hold more than one Bankcard issued by Budapest Bank Zrt., to which the Insurer's travel insurance is connected, the insurance services shall be consolidated for the modules covering death by accident and disability by accident - based on no more than three insurance contracts -, while other modules - related to asset insurance - shall supplement each other to the extent of the damage actually incurred (e.g. luggage damages, costs of medical treatment). The contract shall be considered as related to asset insurance if the services provided by the Insurer comprise compensation for damages arising from an insured event or the performance of other services.

Conditions of the Insurer's exemption and applied exclusions

The Insurer shall be excused from the payment of travel insurance losses, in the following cases:

- the illness was caused by the Insured Party deliberately or if the Insured Party became ill as a result of the Insured Party's deliberate criminal action.
- the Insured Party suffered the illness as a result of or for a reason that may be traced back to the influence of alcohol (blood alcohol level above 0.8‰) or drug,
- death by accident was caused by the Beneficiary's intentional conduct, or
- it is proven that the accident or illness was caused by the Insured Party's or their close relative's unlawful act, deliberate misconduct or gross negligence, or

- the Insured Party suffered the accident as a result of or in connection with the criminal act committed by the Insured Party,
- the damage was caused by the Insured Party or their close relative(s) intentionally or by gross negligence,
- the Insured Party did not fulfil the obligation of prevention or mitigation of loss,
- the Insured Party fails to comply with his/her status maintenance obligation if a change larger in scale than permitted causes some circumstances essentially required for the assessment of the Insurer's service obligation to become irrecoverable,
- events directly related to war or civil war activity, military events, terror activity, rebellion, riot or civil commotion,
- liability damage caused by medical malpractice,
- workplace accident occurred in connection with permanent or physical work performed abroad along with its consequences,
- existence of any ground for exclusion set out in the General or Special Terms and Conditions.

Coverage shall not cover:

- any care or the purchase of medicine that is necessary as a consequence of a health condition that had already existed prior to the effective date of cover, if it is obvious, upon the conclusion of the insurance contract, that such care or medicine shall become necessary with high probability during the term of insurance, except for emergency,
- services not necessary for establishing the diagnosis or treatment and not required by acute illness or accidental injury,
- extra expenses exceeding the reasonable and customary fees in the given country,
- extra hospital costs arising out of the Insured Party's objection to transport by the Insurer to Hungary (including special ways of transport) for the purpose of further medical treatment, despite the lack of medical reasons,
- in case of damage in excess of EUR 300, the expenses exceeding the value limit set, if Insured Party did not request Insurer's consent to receive the given health care service,
- the costs of transport home without Insurer's consent,
- examinations and surgeries that may be postponed to a date after the (earliest possible) return to Hungary without assuming unreasonable medical risk,
- follow-up treatment, psychiatric treatment, treatment or care provided by dependent or travelling companion,
- physical therapy, acupuncture and treatment by natural healer or chiropractor,
- vaccination, routine, control and screening examinations,
- sexually transmitted diseases, acquired immune deficiency syndromes (AIDS) and related illnesses,
- contact lenses,
- prenatal care, obstetric care, pregnancy related screening(s), abortion,
- the costs of health care required due to accident occurring in the course of physical work performed during professional activity,
- where the Insured Party fails to check in the luggage promptly upon arrival in case of travel by car, left unattended at the place of accommodation or vehicle,
- losses from theft occurring in the course of camping or tent camping if such camping or tent camping shall take place outside the officially designated area.

Insurer shall not arrange for the service related to inoperable passenger cars, if:

- car defect arises out of the negligence of the Insured Party. Negligence shall include, in particular, running out of fuel, failure caused by inappropriate oil or lubricant level, except if such levels shall fall below the required level due to break or fissure resulting from an accident;
- the car broke down outside the territory of Europe.

Insurer shall not arrange for assistance for taking home passenger cars, if:

- the passenger car is not in the Insured Party's or the owner of the bank account possession,
- the available medical report does not clearly imply that the Insured Party was not allowed to drive,
- the Insured Party's accident or illness occurred outside the European territory.

Service shall not cover fuel costs and road taxes incurred during the taking home of the passenger car.

Reporting Insured Events

Insurer is obliged to provide services necessary for medical care if the Insured Event is reported to assistance service by telephone no later than **within 48 hours**, or if this is not possible, the Insurer or the assistance service is informed within the shortest time possible and the use of services is authorized by it. Failure of compliance with the reporting obligation shall not oblige the Insurer to provide the services if such failure makes it impossible to reveal any condition which is of high significance for the Insurer's obligations except for costs under the specified limit for damages exceeding EUR 300.

24h assistance service number: **+36 1 268 1388**

The Insurer shall settle the costs incurred in connection with insured events duly reported directly with the service provider or the party settling the invoice issued by the service provider. If the service provider hands over the invoice to the Insured Party, the Insured Party must send the original invoice - together with other required documents - within

7 business days of returning home to the Insurer at the following address:

Claim settlement, UNION Vienna Insurance Group Biztosító Zrt. 1441 Budapest, Pf. 428. [Hungary]

Limitation time for claims covered by the insurance contract: 5 years

Data protection

Please be advised that your personal details classified as insurance secrets may be disclosed, without a separate content or authorization, to the Central Bank of Hungary when acting in an official capacity; investigating authorities and the public prosecutor's office (and the expert appointed by them), acting in a pending criminal procedure; a court of law (and the expert appointed by the court) in connection with criminal or civil cases as well as bankruptcy and liquidation proceedings, and the independent court bailiff acting in a case of judicial enforcement; notaries public (and the expert appointed by them) in connection with probate cases; the tax authority in the cases where the Insurer is required by law to disclose specific information to the tax authority upon request and/or to disclose data concerning any payment made under an insurance contract that is subject to tax liability; the national security service when acting in an official capacity; the Commissioner for Fundamental Rights when acting in an official capacity; the Hungarian National Authority for Data Protection and Freedom of Information when acting in an official capacity; the Insurer, insurance intermediaries and consultants, Hungarian representation offices of third-country Insurer, independent insurance intermediaries and consultants and the trade organizations thereof, and the Hungarian Competition Authority when acting in an official capacity to monitor competition in the insurance industry; guardian agencies acting in an official capacity; the health care authority defined in Subsection (2) of Section 108 of Act CLIV of 1997 on Health Care; the agencies authorized to use secret service means and to conduct covert investigations if the conditions prescribed in specific other legislation are provided for; providers of reinsurance and co-insurance; the receiving insurance company with respect to insurance contracts conveyed under a portfolio transfer; with respect to the information required for settlement and for the enforcement of compensation claims, the body operating the Claims Security Account, the Information Centre, the Claims Organization and the claims adjustment representatives; the outsourcing service provider with respect to data supplied under outsourcing contracts, and to a requesting insurance company pursuant to the Insurance Act in order to protect the interests of the community under risk (as of 1 January, 2015), if the body or individual submits a written request to us indicating the client's name or the designation of the insurance relationship, the type of information requested and the purpose of and legal ground for data acquisition. If the Insurer discloses information to the tax authority to fulfil its obligation set forth in the FATCA Act, such disclosure shall not be deemed as violation of insurance secret.

Complaint management

Complaints about the Insurer's conduct, activity or negligence may be submitted to the Insurer verbally (in person, by phone) or in writing (by documents submitted personally or by proxy, by mail, fax, e-mail). The Insurer publishes its detailed information on complaint management, complaint notification possibilities and contact data on its website (www.union.hu), and shall post them in its customer service areas. If the Insurer's response to the complaint filed is not satisfactory, the Central Bank of Hungary (central address: HU-1013 Budapest, Krisztina krt. 39, central mailing address: HU-1534 Budapest BKKP P. O. Box 777) may be contacted in case of breach of consumer protection provisions, in order to initiate consumer protection proceedings. In case of disputes related to the conclusion, validity, legal effects and termination of the insurance relationship, as well as to breach of contract and its legal effects, the court may be contacted or a proceeding may be initiated at the Financial Arbitration Board (address: HU-1525 Budapest, BKKP Pf.: 172).

Applicable law

Travel insurance contracts concluded by Budapest Bank Zrt. to the benefit of its customers and the travel insurance requested by you shall be governed by the Hungarian law.

C5000B Budapest Bank General Terms and Conditions for Travel Insurance

Effective: From 1 April 2018

Section I – General Provisions

Pursuant to the conditions of **Automatic** or **Optional** group travel insurance contract concluded with Budapest Bank Zrt. 1138 Budapest, Váci út 193. (hereinafter referred to as the Bank), and to the General and Special Terms and Conditions for Travel Insurance, UNION Vienna Insurance Group Biztosító Zrt. 1082 Budapest, Baross u. 1. (hereinafter referred to as the Insurer) undertakes to provide insurance services in exchange for the insurance premium paid by Bank or Client. Insurer does not provide coverage for the risks not included in or excluded from the General or Special travel insurance terms.

Section II – Subjects of the Insurance Contract

- 2.1 For both **Automatic** and **Optional** travel insurances, Bank concludes the group insurance contract with Insurer for the benefit of the Insured Parties and undertakes to pay the insurance premium.
- 2.2 For the purpose of these terms and conditions, in case of **automatic** travel insurance, the Insured Party shall be defined as the the main and/ or associated card holder older than 14, holding an activated (I) Budapest Investment, (II) Budapest Visa Classic, (III) Budapest Business Card, (IV) Budapest Trade Card, (V) Budapest Széchenyi Card or (VI) Budapest Bank Gold Cards (hereinafter: Bankcards with insurance coverage). By activating the Bankcard with Insurance Coverage, the coverage provided according to the General and Special travel insurance terms shall automatically extend to the Insured Party/Parties pursuant to the group insurance contract concluded between Bank and Insurer.
- For **Optional** travel insurance, Insured Party may be any main/associated card holder older than 14 who has applied for a Bankcard with the Bank's coverage or holds a Bankcard issued, activated and covered by the Bank and for whom the **Optional** group travel insurance is requested by the owner of the bank account (hereinafter referred to as the Account Owner) to which the Bankcard is related by submitting the declaration of enrolment to the Bank and paying for the applicable insurance premium. In case of credit cards, optional travel insurance cannot be requested for an associated card. Upon payment of extra premium insurance by the bank account owner, for family products Comfort 10 and Premium 50, family member(s) of the Insured Party who either hold(s) or has/have applied for a Bankcard with Insurance Coverage may also be qualified as Insured Party/Parties. For the purposes of these insurance terms, family member means the Insured Party's civil union partner or spouse and natural, foster and adopted children under 18. The Insured Party's family members are deemed to be Insured Parties and entitled to the Insurer's services only if their physical injury or damage to their assets is incurred during a trip abroad made with the Insured Party who either holds or has applied for a Bankcard with Insurance Coverage.
- 2.3 The Insured Party must have appropriate insurance for settling the costs of medical treatment in Hungary.
- 2.4 Hungarian citizens living in Hungary and foreign citizens settled in Hungary (Hungarian resident), who travel abroad (other than the country of their nationality) for personal purposes or on scholarship, are eligible to become Insured Parties.
- 2.5 Persons travelling abroad on daily allowance, but not for engaging in physical labour under article 9.4 of the General travel insurance terms, are eligible to become Insured Parties. Professional driving services shall be deemed as physical work except for the insurance relationship established on the basis of Automatic or Optional travel insurance associated with business card.
- 2.6 Non-resident natural persons may be eligible to become Insured Parties, if permitted by the valid residency regulations and who travel to countries other than the country of their nationality, and have Hungarian residence or temporary stay permit, as well as a passport.
- 2.7 Beneficiaries of the accident insurance service of the travel insurance may be:
- the Insured Party during the lifetime of the Insured Party
 - in case of death of the Insured Party, the person(s) designated in the written statement of the Insured Party submitted to the Insurer.
- If no Beneficiary was designated or his/her designation was invalid at the time of occurrence of the insured event, the inheritor of the Insured Party.

- 2.8 The Assistance Service is an organization performing the activity outsourced by the Insurer, which acts on behalf of the Insurer.

Section III – Insured Event

Insured Event is any injury in the person or the assets of the Insured Party according to the provisions of the Special travel insurance terms.

Section IV – Insurance Services

- 4.1 Accident insurance shall provide cover for the following risks:
- medical expenses incurred due to accident (as per 4.1 of the Special travel insurance terms),
 - death by accident,
 - disability by accident between 25% and 100%, when Insurer covers the part of the applicable insurance amount which is corresponding to the degree of disability (%) as determined pursuant to the Special travel insurance terms,
 - reimbursement per day hospitalized after accidents (if medical costs except for deductible incurred are reimbursed according to the European Health Insurance Card).
- 4.2 The following costs shall be reimbursed under the health insurance:
- medical expenses incurred due to illness (as per 4.1 of the Special travel insurance terms)
- 4.3 Insurer shall reimburse the following costs under the luggage insurance:
- loss caused by theft or robbery of baggage taken abroad from Hungary, and
 - costs of replacing documents,
 - costs incurred because of luggage delays (as per 4.4 of the Special travel insurance terms).
- 4.4 Assistance services:
- transport of the sick Insured Party for emergency medical treatment and to Hungary,
 - transport of the body of the deceased Insured Party to Hungary, including the cost of the coffin necessary during the transportation,
 - transport home of the child(ren),
 - paying due costs of early travel home to Hungary due to death or sickness;
 - cost of extended stay abroad because of sickness or accidents
 - reimbursement of the costs of visit by close relative,
 - advise in case of loss of travel documents,
 - arrangement for the transfer of cash-relief sent abroad.
 - arranging for the transport of passenger vehicle to service,
 - costs of driver services (reimbursement of travel costs incurred in connection with transporting the passenger car home).
- 4.5 Services available under health care assistance:
- health care consultancy,
 - sending of a provider/medical practitioner or communicating its address,
 - making contact with a relative.
- 4.6 Under the **Automatic** travel insurance relating to Budapest Bank Gold Cards, or under the Liability insurance cover in case of applying for **Optional** travel insurance, the Insurer shall compensate for health care of third-parties for accidental injury caused by the Insured Party in a foreign country, or for the funeral costs if the injured party dies. Detailed description of each service can be found in the Special Terms and Conditions for Travel Insurance Services.
- 4.7 The Insurer undertakes to pay the deposit under the **Automatic** travel insurance included with a Budapest Bank Gold Card, or under the legal protection service provided with the Comfort 10 package under **Optional** travel insurance, and to compensate also for attorney's costs in case of the Premium 50 package under the **Optional** travel insurance.
- 4.8 The insurance claims must not exceed the value of the insured asset. The agreement on the insurance claims shall be null and void to the extent it exceeds the value of the insured interest and the applicable amount shall be reduced accordingly.
- 4.9 If the same insurance interest is insured by more than one insurance company independently of each other (i.e. multi-cover insurance), the Insured Party shall be entitled to submit his/her claim to more than one of these insurance companies except for accident insurances and health insurances qualified as lump-sum insurance. If

the Insured Party decides to submit his/her claim to the Insurer, the Insurer shall pay the insurance claims to the extent defined in the Terms and Conditions for Automatic and Optional Group Insurance Contracts specifically for the particular Insured Party, reserving the right to enforce pro-rata compensation claim against the other insurance companies. Upon submission of the claim, the Insured Party shall be obliged to declare the existence of any multi-cover insurance.

- 4.10 Except for accident and health insurance services, under the travel insurance, the Insurer shall be entitled to receive compensation from the at-fault party to the extent of compensation paid out by the Insurer unless the at-fault party is a relative living in the same household as the Insured Party. If the insured asset is recovered, the Insured Party may be entitled to claim it in exchange for paying back the compensation paid by the Insurer.
- 4.11 Detailed description of each service can be found in the Special Terms and Conditions for Travel Insurance Services.

Section V – Duration of travel insurance and the insurance period

- 5.1 In case of **Automatic** travel insurance included, the insurance period begins on the day of activating the Bankcard with Insurance Coverage and lasts until the occurrence of events resulting in the termination of Insurer's cover as laid down in 6.4 of the General travel insurance terms.

The **Automatic** travel insurance is concluded for an indefinite period of time, and - within this - the insurance period is 1 (one) year, which begins on the day of activating the Bankcard with Insurance Coverage.

- 5.2 In case of **Optional** travel insurance, the travel insurance contract is concluded for an indefinite period of time and - within this - the insurance period is 1 (one) year, which begins on the day following the day when the declaration of enrolment is made by the Account Owner. For the purpose of these terms and conditions, the date of making the declaration of enrolment shall be defined as the day on which the Insured Party (or in case of associated card, the Account Owner acting on behalf of the Insured Party) applies for travel insurance in a branch or sales centre of the Bank or via Telebank or Internetbank. Application for travel insurance is permitted only from the territory of Hungary.

In case of declaration of enrolment made via remote sales, the Insured Party (or in case of associated cards, the Account Owner) may terminate the travel insurance services without stating a reason within 14 days of receipt of the insurance cover confirmation letter sent by the Bank in response to declaration of enrolment along with the General and Special Terms and Conditions for Travel Insurance or within 14 days of payment for the insurance premium after the insurance anniversary date, by submitting a written statement (i.e. termination notice) to the Insurer either by mail (1441 Budapest, Pf. 428.) or by fax at +36 1 413-5101.

Otherwise, the insurance contract may be terminated within 14 days of making the declaration of enrolment or within 14 days of payment for the insurance premium following the insurance anniversary date, by sending a written statement to the Insurer by mail (1441 Budapest, Pf. 428.) or by fax at +36 1 413-5101.

The termination notice for travel insurance shall be considered as delivered on time if it is dispatched by mail prior to the expiry of the 14-day deadline. If the notice is dispatched after the deadline, the Insurer's cover for the particular Insured Party (and for Family version, all Insured Parties included in the package) shall cease at 12 p.m. of the last day of the insurance period without any reimbursement of the insurance premium already paid for.

If the termination notice is submitted within the 14-day deadline, the insurance premium already paid shall be refunded to the Account Owner by the Bank no later than within 30 days of receiving the notice. The insurance premium shall not be refunded if the insured event occurred during the term acceptable for termination; in this case, the Insurer shall be entitled to the annual insurance premium as the value of its cover.

The insurance cover shall automatically terminate at 12 p.m. of the last day of the insurance period if during its effect the Account Owner makes another declaration of enrolment applicable to another package.

Section VI – Start date, suspension and end date of the Insurer's cover

- 6.1 In case of **Automatic** travel insurance, Insurer's cover begins at 0 a.m. on the day following the day of activating the Bankcard with Insurance Coverage.
In case of **Optional** travel insurance, Insurer's cover begins at 0 a.m. on the day following the day when the declaration of enrolment is made and lasts until 12 p.m. on the last day of the insurance period (1 year) for which the insurance premium has been paid.
- 6.2 Insurer's cover for a given trip abroad begins at the time of leaving the territory of the Republic of Hungary and lasts until the time of re-entering the territory of the Republic of Hungary, but not later than the expiry of the

insurance term set out in article 9.4 of the General Insurance Terms.

- 6.3 If the Account Owner applies for **Optional** travel insurance cover during the effect of the **Automatic** travel insurance connected to a Bankcard with Insurance Coverage, during the effect of the latter insurance relationship the **Automatic** travel insurance coverage provided under these terms and the Insurer's related cover shall be suspended.
- 6.4 The travel insurance relationship and Insurer's coverage for the concerned Insured Party is terminated in the following cases:
- 6.4.1 In case of **Automatic** travel insurance:
- the death of the Insured Party,
 - the expiry of the validity of the Bankcard with Insurance Coverage or upon its cancellation, if the Insured Party does not activate the new card after mailing by Budapest Bank Zrt.
 - at the termination of the Account Management Contract or the Card Contract,
 - the Insured Party indicates in his written statement to Budapest Bank Zrt. that he does not intend to use the free travel insurance service otherwise connected to the Bankcard with Insurance Cover,
 - Budapest Bank Zrt. or the Insurer terminates the group travel insurance contract and Budapest Bank Zrt. notifies the Insured Parties accordingly in writing,
 - the group insurance contract concluded between Budapest Bank Zrt. and the Insurer is terminated at the end of the given insurance period for any reasons.
- 6.4.2 In case of **Optional** travel insurance:
- the death of the Insured Party,
 - the Bank or the Insurer terminates the group travel insurance contract and the Bank notifies the Insured Parties accordingly in writing,
 - at 12 p.m. of the last day of the insurance period, if you apply for another **Optional** travel insurance for another package during the term of the **Optional** travel insurance,
 - at 12 p.m. of the last day of the insurance period, if during the term of the **Optional** travel insurance, the Bankcard connected to the insurance service expires or is cancelled definitively according to the bank's applicable general terms of contract, where a new Bankcard is not issued,
 - at the termination of the Account Management Contract or the Card Contract, at 12 p.m. of the last day of the insurance period,
 - retroactively on the last day covered by payment, in case of non-payment.
- 6.5 The Insurer shall provide the Account Owner or the Insured Party with insurance prospectus for clients along with the General and Special Terms and Conditions for Travel Insurance either upon making the declaration of enrolment (in case of making the declaration of enrolment in the branches or points of sales of Budapest Bank Zrt.) or at the time of sending written confirmation to the declaration of enrolment (in case of remote sales).
- 6.6 By signing in the branch or by its statement registered by Telebank or Internetbank in case of remote sales, the Account Owner confirms receipt of information on the Insurer and on the insurance cover prior to making the declaration of enrolment.

Section VII – Insurer's Service based on Multiple Insurance Contracts

- 7.1 If at the time when the Insured Event occurs Insured Party has more than one travel insurance of Insurer connected to Bankcards issued by Contracting Party, the insurance amounts (considering also the provisions of 6.4) shall be consolidated in case of the modules death by accident and disability by accident, while in case of other material insurance modules (such as luggage damage, expenses of medical care, etc.) they supplement each other to the extent of the actual damage incurred. In case of dental expenses the per-tooth limit and in case of luggage insurance the per-asset limit amounts are not consolidated.
- 7.2 If the Insured Party has insurances providing various service packages, in case of settling luggage insurance or dental expenses (in the latter case in terms of the per-tooth limit), the limit of the higher insurance coverage shall prevail.
- 7.3 Insurer provides services based on maximum three travel insurance contracts.

Section VIII – Insurance Premium

- 8.1 In case of **Automatic** travel insurance, the Insured Party is liable neither to the Insurer nor to the Bank for paying insurance premium for travel insurance connected to Bankcard with Insurance Coverage pursuant to these terms and conditions.

- 8.2 In case of **Optional** travel insurance, the insurance premium is determined based on the Insurer's fees, and it depends on the insurance package selected by Insured Party and on whether the insurance covers the family members of the Insured Party.
The insurance premium shall be paid to the Insurer by the Account Owner pursuant to Section 8.3 preferably immediately after but no later than within 30 days of making the declaration of enrolment. In the latter case, paying the insurance premium is not a precondition to the commencement of Insurer's cover at the time stated in Section 6.1.
- 8.3 For **Optional** travel insurance, by signing the declaration of enrolment, the Account Owner authorizes Budapest Bank Zrt. to charge the Account Owner's bank account or credit card balance managed by it with the annual insurance premium no later than within one month following the date of making the declaration of enrolment.
- 8.4 In case of **Optional** travel insurance, the authorization given to Budapest Bank Zrt. pursuant to the previous paragraph also includes authorization to Budapest Bank Zrt. to charge the annual insurance premium to the Account Owner's bank account or credit card balance managed by it, no later than one month after the insurance period, provided that the Insured Party has not exercised their right to terminate the insurance coverage, as defined in Section 5.2, by the end of the insurance period.
- 8.5 The insurance premium for the **Optional** travel insurance coverage applied for through Budapest Bank Zrt. may be paid by the Account Owner to the Bank solely using the method(s) stated in Sections 8.3 and 8.4 above.
If Budapest Bank Zrt. cannot charge the bank account or credit line of the Account Owner with the then-current due amount of the insurance premium due to lack of sufficient funds during the period open to pay the premium, the Insurer's cover for the particular Insured Party (and for Family version, all Insured Parties included in the package) shall cease with retroactive effect on the last day covered by the insurance premium.
- 8.6 In case of **Optional** travel insurance, if the Insured Party dies as a result of an insured event not defined in the Special Terms and Conditions for Travel Insurance, the Insurer shall repay the pro-rated part of the insurance premium based on the claim of the inheritor(s) or, in case of associated cards, of the Account Owner. Such claims must be submitted at the Insurer's headquarters, attaching a copy of the certificate of inheritance and of the death certificate. In calculating the pro-rated part of premium to be returned, the Insurer takes as basis the period between the first day of the month following death and 12 p.m. of the last day of the period covered by premium.

Section IX – Territorial Scope of the Insurance and Time Period of Coverage

- 9.1 The territorial scope of **Automatic** travel insurance is worldwide in case of Budapest Bank Gold Cards, and Europe in case of other Bankcards. For the purposes of these terms, Europe shall include Russia's territory to the west of the Urals, Tunisia, the entire territory of Turkey, Cyprus, Madeira, Malta, Canary Islands as well as the territories of the following countries geographically belonging to Europe: Andorra, Austria, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Ireland, Iceland, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Monaco, Montenegro, Netherlands, Norway, Italy, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom, Vatican.
- 9.2 The territorial scope of **Optional** travel insurance is all-world.
- 9.3 For the purposes of these insurance terms, the board of air transport vehicles and vessels under Hungarian flag/registration is not considered the territory of Hungary.
- 9.4 Time period of the coverage:
During **Automatic** and **Optional** travel insurance, Insured Parties may make an unlimited number of trips. The Insurer's cover starts at the time of leaving the territory of Hungary in case of a given travel abroad, and ends upon re-entering the territory of Hungary; in addition, in case of **Automatic** travel insurance, the duration of a one-time stay abroad covered by insurance (the scope of the insurer's cover) is 30 days maximum in case of non-Budapest Bank Gold Cards, and 60 days maximum in case of Budapest Bank Gold Cards. In case of **Optional** travel insurance, the maximum one-time stay abroad covered by insurance is 60 days.
If the Insured Party reaches or exceeds 80 years of age during the insurance period, the Insurer's coverage will last for no more than 30 days from the commencement of the trip.

Section X – Persons Excluded from Travel Insurance

- The insurance coverage does not extend to the following persons:
–persons permanently employed abroad (exceeding the period specified in Section 9.4 of the General Terms and

Conditions for Travel Insurance),

- the family members staying abroad of persons permanently employed abroad,
- persons performing physical work abroad (for the purpose of these terms, professional driving services shall be deemed as physical work except for the insurance relationship established on the basis of Automatic or Optional travel insurance associated with business card),
- natural persons qualifying as non-residents who cannot conclude contracts under the effective residency regulations,
- persons who do not have proper insurance or contract to settle the expenses of their Hungarian medical treatment.

Section XI – Risks Excluded from Travel Insurance

The following risks shall be excluded from the insurance:

- non-pecuniary damage incurred,
- damages and penalties resulting from the violation of personal rights;
- liability damage caused by the Insured Party (except the types of liability insurance losses listed in the Special Terms and Conditions up to amount of insurance specified in the Service Schedule),
- events of loss occurring during competitive sports or training,
- accidents suffered in the course of dangerous sports (in particular: events occurred during amateur diving under 40 m, skiing and snowboarding outside the tracks, hydrospeed, rocky jumping, mountain/downhill biking, canyoning, kitesurf, hunting, auto-motor sports and trainings - including test rides and car and rally competitions, test or other type of driving on race tracks-, tower rock, wall and mounting climbing, hiking on via ferrata or klettersteig type routes, mountain hiking or trekking above 3500 m water sea level, cave visiting, air sports, use or operation of motored or non-motored air vehicles/means - e.g. parachute, gas balloon -, operation of water motor vehicles or sports activities with water motor vehicles such as jetski, air-chair, parasailing,
- events caused directly or indirectly by radiation qualified legally as ionizing or nuclear energy,
- events directly related to war or civil war activity, military events, terror activity, rebellion, riot or civil commotion;
- liability damage caused by medical malpractice.
- workplace accident occurred abroad and its consequences when the Insured Party is not covered by the insurance pursuant to
Section 10 of the General Terms and Conditions for Travel Insurance.

Section XII – Payment of the Claims

The Insurer shall provide the service by means of transferring the amount to the bank account or address of the person entitled within 15 days of receipt of all documents required for the settlement of the claim.

Section XIII – Obligations of the Insured Party After Occurrence of the Insured Event

The Insured Party shall be obliged, after the Insured Event, to

- contact assistance service in each case promptly but no later than within 48 hours, and act upon their instruction (see 2.2, 3.1 and 5.1 of the Special travel insurance terms),
- do their best to eliminate or reduce the loss by following the instructions of the assistance service agent, or if such instructions are not provided, act as generally expected from one in the same situation,
- report the damage to Insurer as soon as possible, but no later than within 7 business days of returning home,
- inform the Insurer about all facts and data related to the loss,
- from the date of occurrence of the insured event through no more than 60 days from the date the insured event is reported or until otherwise specified by the Insurer, the condition of the insured asset may only change to the extent required for alleviating the damage or loss,
- permit the Insurer to conduct any investigations concerning the causes and circumstances of the Insured Event, the extent of the loss and the amount of damages.

Section XIV – Period of Validity

The statute of limitation on claims arising out of the insurance relationship runs within five years of the day when the insurance service becomes due.

Section XV – Competent Court

Any disputes arising from the insurance relationship shall be settled by courts competent according to the effective civil procedure code.

Section XVI – Centres Accepting Insurance-related Complaints

Complaints about the Insurer's conduct, activity or negligence may be submitted to the Insurer verbally (in person, by phone) or in writing (by documents submitted personally or by proxy, by mail, fax, e-mail). The Insurer publishes its detailed information on complaint management, complaint notification possibilities and contact data on its website (www.union.hu), and shall post them in its spaces open for customer service. If the Insurer's response to the complaint filed is not satisfactory, the Central Bank of Hungary (central address: HU-1013 Budapest, Krisztina krt. 39, central mailing address: HU-1534 Budapest BKKP P. O. Box 777) may be contacted in case of breach of consumer protection provisions, in order to initiate consumer protection proceedings. In case of disputes related to the conclusion, validity, legal effects and termination of the insurance relationship, as well as to breach of contract and its legal effects, the court may be contacted or a proceeding may be initiated at the Financial Arbitration Board.

Section XVII – Personal Data Operation

- 17.1 Under Act LX of 2003 on Insurance Institutions and the Insurance Business (hereinafter referred to as: "Insurance Act"), insurance secrets shall comprise all of data – not containing classified information - in the possession of insurance companies, reinsurance companies, insurance intermediaries and insurance consultants that pertain to the particulars and financial situations (or business affairs) of their clients (including claimants), and the contracts of clients with insurance companies and reinsurance companies.
- 17.2 The Insurer shall be entitled to process any insurance secrets of their customers which relate to the insurance relationship or the establishment and maintenance thereof or to the services. Data shall only be processed for the sole purposes of applying for, amending, or maintaining the insurance relationship, evaluating the claims resulting from the insurance relationship and for other purposes set forth in Act LX of 2003 on Insurance Companies and the Insurance Activity (hereinafter referred to as "Insurance Act", and commonly abbreviated as "Bit." in the Hungarian language). With regards to insurance secrets, the Insurer's owners, executive officers, employees and other individuals obtaining access to such secrets in connection with their activities with the Insurer shall be bound by confidentiality obligation without time limitation unless otherwise specified by the law.
- 17.3 The Insurer may process the information relating to the customers' health conditions exclusively for the aforementioned purposes in accordance with the provisions of Act XLVII of 1997 on the Processing and Protection of Health Care Data and Associated Personal Data with condition that the involved person's written approval is obtained. Insurance secrets may only be disclosed to third parties under the express prior consent of the customer to whom they pertain or his legal representative and this consent shall precisely specify the insurance secrets that may be disclosed or if there is no legal confidentiality obligation.
- 17.4 With regards to insurance secrets, the Insurer's owners, executive officers, employees and other individuals obtaining access to such secrets in connection with their activities with the Insurer shall be bound by confidentiality obligation without time limitation unless otherwise specified by the law.
- 17.5 Insurance secrets may only be disclosed to third parties under the express prior consent of the customer to whom they pertain or his legal representative and this consent shall precisely specify the insurance secrets that may be disclosed or if there is no legal confidentiality obligation pursuant to the Insurance Act.
- 17.6 The obligation to maintain the confidentiality of insurance secrets is not applicable:
- a) in relations with the Authority acting within its powers,
 - b) in relations with the investigation authorities and prosecution acting within a pending criminal proceeding or with the expert assigned by the aforementioned entities,
 - c) in relations with a court acting in a criminal case, civil case, bankruptcy procedure or liquidation procedure, with the expert assigned by the court or with independent court executors acting in an enforcement case
 - d) in relations with the notary public acting in connection with probate cases or with the expert assigned by him/her,
 - e) in relations with the tax authority, in cases described in paragraph (7),
 - f) in relations with the homeland security service acting within its powers,
 - g) in relations with the insurer, insurance agent, consultant, Hungarian office of a third-country insurer, independent insurance agent or consultant, their unions, or with the Hungarian Competition Authority acting within its competition supervisory powers related to the insurance, insurance agency and insurance consultancy activity,
 - h) in relations with the child services acting within their powers,
 - i) in relations with the health authority described in Section 108(2) of Act CLIV of 1997 on the health system,
 - j) if certain terms set out by law are met, the body authorized to apply methods of secret services and secret intelligence,
 - k) in relations with the reinsurer, and in case of joint risk-bearing (co-insurance), with the risk-bearing insurers,
 - l) in relations with the policy registration body keeping the policy register, for data transferred during data supplies regulated in this act,
 - m) in relations with the transferee insurer, for the insurance portfolio transferred within a transfer of assets,

- n) in with regard to data necessary for damage settlement and claim validation, as well as in connection with the mutual transfer of these: in relations with the Indemnification invoice and Indemnification fund management organization, National Office, correspondent, Information Center, Indemnification Organization, claim settlement representative and claim representative, as well as the person causing the damage, if they wish to exercise their right of disposition and access the repair data of the other vehicle involved in the accident, noted in the damage report of the claim settlement related to public road accidents,
- o) in relations with the outsource company, for data necessary for the performance of an outsourced activity,
- p) in relations with third-country insurers, insurance agents, insurance consultants, in case of branch offices – if the data management conditions set out by the requirements of Hungarian laws are met, and if the state where the third-country insurer is resident has data operation laws meeting the requirements set by Hungarian laws,
- q) in relations with the Commissioner for Fundamental Rights acting within its powers,
- r) in relations with the Hungarian National Authority for Data Protection and Freedom of Information acting within its powers,
- s) for the claim history and bonus-malus classification defined in the decree on the detailed rules of bonus-malus system, classification and proving claims, in relations with the insurer, if the body or person indicated under a) to j), n) and r) make an inquiry including the Client's name or reference to the insurance contract, the type of data requested, the purpose and legal ground of data request, with the proviso that the body or person indicated under k) to m) and p) to r) is obliged to indicate only the type of data requested, purpose and legal ground of data request. Proof of purpose and legal ground shall be acceptable if indicated as a reference to the legal provision authorizing the knowledge of this data.
- 17.7 Pursuant to paragraph (6)e), the obligation of maintaining the insurance secret is not applicable if the insurer has a statement obligation described in the insurance act, or a data supply obligation set out by law, about taxable payments arising from the insurance relationship, in tax issues, at the tax authority's request.
- 17.8 The Insurer may send the clients' personal data in cases and to organizations described in the law.
- 17.9 The Insurer is also obliged to supply data immediately at the written request of the investigating authority, homeland security service and prosecution if there is intelligence that the insurance transaction is related to:
- a) drug abuse, abuse of new psychoactive substances, acts of terrorism, misuse of explosives and blasting agents, criminal misuse of firearms and ammunition, money laundering, organized crime or crime committed in participation in a criminal organization, as defined in Act IV of 1978, in force until June 30, 2013, or
- b) drug trafficking, possession of drugs, incitement to the use of narcotics, or the promotion of illegal drug production, abuse of new psychoactive substances, acts of terrorism, failing to report terrorism, financing of terrorism, misuse of explosives and blasting agents, criminal misuse of firearms and ammunition, money laundering, organized crime or crime committed in participation in a criminal organization, as defined in the Criminal Code of Hungary.
- 17.10 The Insurer shall supply confidential information related to insurance in its records to investigating authorities on the basis of an official request made in connection with a specific case and marked "urgent" even if there is no public prosecutor's endorsement attached as stipulated by specific other legislation.
- 17.11 The duty to retain insurance information in confidence does not apply if the Insurer is required to comply with its reporting obligation imposed by the Act on the Implementation of Financial and Asset-related Restrictive Measures ordered by the European Union.
- 17.12 The duty to retain insurance information in confidence shall not apply furthermore if:
- a) a Hungarian law enforcement agency – acting in response to the written request of a foreign law enforcement agency pursuant to an international agreement – requests confidential insurance information from the insurance company in writing, or
- b) an authority operating as a national financial intelligence unit – acting within its powers conferred under the Act on the Prevention and Combating of Money Laundering and Terrorist Financing or in response to the written request of a foreign financial intelligence unit – requests confidential insurance information from the insurance company in writing.
- 17.13 The duty of confidentiality is not breached when the Insurer transfers information to a third-country insurance company or a third-country data processing agency (third-country data manager):
- a) if the customer of the Insurer (i.e. data subject) has given a prior written consent, or
- b) in the absence of the data subject's consent, if the data transfer is limited to the extent of information, purpose and legal basis defined in the legislation and the adequate level protection of the personal data is ensured in the third country in compliance with the provisions set out in Section 8 (2) of Act CXII of 2011 on Informational Self-determination and Freedom of Information.

- 17.14 If the Insurer is terminated without legal successor, any instruments containing business secrets managed by the Insurer may be used for archiving researches in 60 years of the original date of such instruments. Business and insurance secrets shall be treated in every other respect in compliance with the provisions of the effective Civil Code.
- 17.15 Any information that is declared by specific other legislation to be information of public interest or public information and as such is rendered subject to disclosure may not be withheld on the grounds of being treated as a business secret.
- 17.16 The Insurer shall have the right to process personal data relating to insurance relationships not yet established as long as there is a claim to be made in connection with the failure of establishment of the legal relationship. Insurer is obligated to delete all personal data connected to clients, former clients or not established insurance relationship, in case of which the purpose of data operation no longer exists, the data owner did not consent to managing the data or the applicable statutes provide no legal grounds to manage data.
- 17.17 Pursuant to Section 78 (3) of the Insurance Act, a company providing outsourced activities for the Insurer shall be deemed as the Insurer's data processor if the Insurer supplies the personal data of its clients under this outsourced activity. The Insurer uses third-party collaborators for certain insurance services, when the supply of the insurance service requires the expertise of the assignee, or if the Insurer is able to provide the same quality of service, but with lower costs and more favourable prices by involving a third-party company. The assignee of an outsourced activity shall operate personal data, and shall be subject to a confidentiality obligation under the applicable laws.
- 17.18 (1) As of 1 January, 2015, in course of performance of the obligations specified in the contract or by law, for the purpose of protecting the interests of the community under risk, preventing abuses and misconducts relating to insurance contracts and ensuring that the services are performed in accordance with the law and the provisions of the contract, the insurance company (hereinafter referred to as the "requesting insurance company") may make a request to another insurance company (hereinafter referred to as the "requested insurance company") about the details and information specified in clauses (3) to (5) and managed by the requested insurance company in accordance with the applicable law and with consideration of the characteristics of the particular insurance product provided that the entitlement of the requesting insurance company to make such requests has been set forth in the insurance contract.
- (2) The requested insurance company shall be obliged to handover to the requesting insurance company all lawfully requested details until the date indicated in the formal request or, in lack of such a date, within fifteen (15) days of receipt of the formal request.
- (3) The requesting insurance company shall be entitled to request delivery of the following information and details with regards to the conclusion and/or performance of any contracts associated with the sectors and industries specified in Sections 1 and 2 of Part A of Appendix 1 of the Insurance Act and/or Appendix 2 of the Insurance Act:
- a) personally identifiable information of the contracting party, the insured party and the beneficiary,
 - b) information about the contractual risk-related health conditions of the person to be insured or the insured party, which was valid at the time of the data submission,
 - c) information about former insured events which have affected the person defined in clause a) above and are related to the contract associated with any sector or industry defined in this section,
 - d) information necessary for the assessment of the risk associated with the conclusion of the contract entered into with the requested insurance company, and
 - e) information necessary for the investigation of the legal ground of services to be performed under the contract entered into with the requested insurance company.
- (4) The requesting insurance company shall be entitled to request delivery of the following information and details with regards to the conclusion and/or performance of any contracts associated with the sectors and industries specified in Sections 3, 4, 5, 6, 7, 8, 9, 14, 15, 16, 17, 18 and 19 of Part A of Appendix 1 of the Insurance Act:
- a) personally identifiable information of the contracting party, the insured party, the beneficiary and the aggrieved party,
 - b) information necessary for the identification of the assets, claims or rights of pecuniary value (whether already insured or to be insured in the future),
 - c) information about insured events that have occurred in connection with the assets, claims or rights of pecuniary value specified in clause b) above,
 - d) information necessary for the assessment of the risk associated with the conclusion of the contract entered into with the requested insurance company, and
 - e) information necessary for the investigation of the legal ground of services to be performed under the contract entered into with the requested insurance company.
- (5) Subject to the prior consent of the aggrieved party, the requesting insurance company shall be entitled to request delivery of the following information and details with regards to the conclusion and/or performance of

any contracts associated with the sectors and industries specified in Sections 10, 11, 12 and 13 of Part A of Appendix 1 of the Insurance Act:

- a) information defined in sub-clauses a) to e) of clause (4) above,
 - b) information about the contractual risk-related health conditions of the person who has made the claim regarding the personal injury or breach of personal rights, which was valid at the time of the data submission, and
 - c) information about former insured events which have affected the person who has made the claim regarding the personal injury, damaged assets or breach of personal rights and are related to the contract associated with any sector or industry defined in this section.
- (6) Such request or delivery of information under such request shall not be deemed as violation of insurance secret.
 - (7) The requesting insurance company shall be entitled to process information obtained under such request within ninety (90) days of receipt of the particular information.
 - (8) If the information obtained by the requesting insurance company under such request is necessary for the enforcement of the requesting insurance company's lawful interests, the data processing period defined in clause (7) above shall be extended to the date of the final decision adopted in the legal proceeding initiated in connection with the enforcement of such interests.
 - (9) If the information obtained by the requesting insurance company under such request is necessary for the enforcement of the requesting insurance company's lawful interests, and the legal proceeding for the enforcement of such interests has not been initiated within one (1) year of obtaining the particular information, the particular information may be processed for a period of one (1) year after the date it was obtained.
 - (10) The requesting insurance company shall be obliged to advise the customer, at least once during the term of the insurance, of the request pursuant to clause (1) above, the information contemplated therein and the fulfilment of such request and, upon request, provide the customer with information consistent with Act CXII of 2011 on Informational Self-determination and Freedom of Information.
 - (11) The requesting insurance company shall not be entitled to link any information obtained under the request with any other data or information (whether already possessed or otherwise obtained) not relevant for the insured or potentially insured interest for any purpose other than that specified in clause (1) above.
- 17.19 If the insurer discloses information to the tax authority to fulfil its obligation set forth in Sections 43/B and 43/C of Act XXXVII of 2013 on the Rules of International Public Administration Cooperation Related to Taxes and Other Public Duties (hereinafter referred to as "TPD Act") in accordance with Act XIX of 2014 on Announcing the Agreement between the Government of Hungary and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA and the Amendment of Specific Related Acts (hereinafter referred to as "FATCA Act"), such disclosure shall not be deemed as violation of insurance secret.

Section XVIII – Obligation of communication and notification of changes

- 18.1 The Insured Party shall be obliged to communicate to the Insurer, at the time of making the declaration of enrolment, every circumstance which is essential in connection with accepting the insurance which they know or should have known. The party complies with its communication obligation by providing truthful answers to the Insurer's written questions. Not answering the questions does not mean the violation of the communication obligation per se.
- 18.2 The Insured Party shall be obliged to notify the Insurer of any changes to essential conditions within 5 days, in a written submission.
- 18.3 In case of violating the disclosure or change reporting obligation, the Insurer's obligation shall not apply, except if it is proven that the Insurer was aware, at the time of signing the declaration of enrolment, of the circumstance not disclosed or not notified, or if it did not contribute to the occurrence of the insured event.
- 18.4 If the insurance relationship applies to multiple assets or persons, and the breach of disclosure or change reporting obligation only involves one of the assets or persons, the Insurer shall not be entitled to make reference to the breach of the disclosure or change reporting obligation with regards to the other assets or persons.

These terms are valid together with C 5200B Special travel insurance terms. Matters not regulated in these terms are governed by the Hungarian legal regulations.

C5200B Budapest Bank Special Terms and Conditions for Travel Insurance

Effective: From 1 April 2018

These terms are valid in conjunction with C 5000B General Terms and Conditions for Travel Insurance as issued by UNION Vienna Insurance Group Biztosító Zrt. - 1082 Budapest, Baross u. 1. (hereinafter referred to as the Insurer). Issues not regulated herein shall be governed by the provisions of the Civil Code of Hungary. Neither the practices or conventions established in course of previous business relationship between the Insurer and the Contracting Party/Insured Party, nor any conventions broadly known and regularly used by the subjects of similar insurance contracts, shall form part of the contract.

Section I – Insured Event

Insurer provides coverage solely for events - occurring during the period of the insurance relationship abroad - adversely affecting the physical conditions or assets of the Insured Party who has enrolled to the insurance contract, and in connection therewith, for the services detailed in Section 4.

In case of **Automatic** and **Optional** travel insurance, the insurance coverage is valid within the framework of the insurance amount included in the contract of Contracting Party and Insurer and determined in the Service Schedule, as amended from time to time, which is incorporated into the contract.

Section II – Rights and Obligations of the Insurer

- 2.1 The Insurer shall reserve the right to pay the costs of foreign hospital treatment only until such date as the condition of the Insured Party allows for transportation to Hungary for the purpose of further medical treatment.
- 2.2 The Insurer is obliged to provide services necessary for medical care if the Insured Event is reported to assistance service by telephone no later than within 48 hours, or if this is not possible, the Insurer or the assistance service is informed within the shortest time possible and the use of services is authorized by it. If Insurer or assistance service were not notified, and it results in essential circumstances not being able to be identified, then Insurer undertakes to pay the incurred expenses up to maximum EUR 300.
- 2.3 If the insured event does not allow the Insured Party to satisfy their reporting obligation defined in Section 2.2, and it is unambiguously justified and documented in the police and/or medical report issued in connection with the insured event, the Insurer may decide (at their sole discretion) to provide compensation for medical costs in excess of the limit specified in Section 2.2.

Section III – Terms and Definitions Related to the Insured Event

- 3.1 In matters of urgency, the reporting obligations set out in Section 2.2 shall not apply. Emergency shall denote cases when the lack of medical help might threaten the life or safety of the Insured Party or cause irreparable damage to the health or physical integrity of the Insured Party. It is also considered emergency if due to the symptoms of the Insured Party's sickness (e.g. loss of consciousness, bleeding, acute contagious sickness, high fever, vomiting) or accident, the Insured Party needs immediate medical care. Furthermore, it qualifies as emergency if Insured Party's sickness pre-existing before the trip deteriorates to such a degree that Insured Party requires immediate medical treatment. Exceptions to these are illnesses arising out of alcoholism, drug abuse or the taking of any other narcotic substances.
- 3.2 An insured event shall be construed as an injury of the Insured Party's person or damage to their assets which are herein specified.
- 3.3 Accident shall be construed as a one-time external physical and/or chemical effect occurring suddenly, beyond the control of the Insured Party, which is incurred by the Insured Party during the covered period, and which causes death, health injury or permanent disability to the Insured Party, causing the following to the Insured Party, within 1 year:
 - death;
 - lasting health injury (disability);
 - need for hospital care;
 - surgical intervention.

The following events beyond the control of the Insured Party shall also qualify as accident:

- drowning;
- inhalation of gases or vapors;
- consumption of foods or drinks containing poisonous or corrosive substances, except for being affected by such impacts for a longer period of time.

Suicide or suicide attempts shall not be construed as accidents even if they were committed during a disturbed mental state. Insured events incurred in connection with illness shall not be qualified as accidents. Insured Events incurred in connection with physical work shall not be qualified as accidents.

- 3.4 Close relatives are the people defined in the Civil Code of Hungary.
- 3.5 Passenger car shall mean the passenger car used by the Insured Party during the travel, with valid registration and other official permits registered in Hungary.

Section IV – Services for Travel Insurance

- 4.1 Health care services subject to health and accident insurance shall only be provided by the Insurer in the event of emergency, up to the insurance amount pursuant to the then-current Service Schedule. Insurer reimburses the following expenses incurred abroad in connection with health care supply:
- medical examination,
 - medical treatment,
 - hospital treatment,
 - ambulance, patient transport and medical costs incurred due to accident;
 - intensive care,
 - urgent surgery,
 - medicine, purchased on medical subscription issued to the name of the patient, in a quantity required to terminate acute condition, sickness, if supported by original invoice,
 - lending of artificial limbs, crutches, invalid carriages and other medical equipment and tools with prescription;
 - purchase price of crutches or walking sticks with prescription, certified with the invoice,
 - replacement of eyeglasses - on doctor's prescription - if the accident causing the physical injury also destroys the eyeglasses, up to the limit of EUR 150,
 - exclusively emergency dental care, direct pain reducing treatment with a view to the expenses of the general, justified and customary care - without the free selection of doctor - and the average doctor tariffs applicable at the place of receiving the service (except article 5.1 para. 15.). The per-tooth coverage limit to the extent of the amount indicated in the Service Schedule,
 - cost of temporary filling and emergency canal treatment (the latter one if necessary for preparing the temporary filling),
 - medical and hospital costs related to miscarriage and early delivery no later than the 28th week of pregnancy.
- As for Insured Parties above the age of 80, the Insurer shall pay the costs of medical treatment in the foreign country exclusively if incurred due to an accident.

Of amateur sport activities, the Insurer's risk bearing in terms of health care services required due to sports accidents shall cover, in case of **Automatic** and **Optional** travel insurance:

- skiing;
- amateur diving to maximum 40 meters, not violating any local and national official regulation;
- sea banana, tubing;
- rafting.

Only in case of **Automatic** and **Optional** travel insurance connected to the Budapest Bank Gold Cards:

- hiking, mountain trekking (only between 1500 and 3500 metres in altitude),
- water sky, wakeboard,
- windsurf.

Only for the Premium 50 package:

- sailing,
- sea kayak,
- riding.

- 4.2 Sports accident shall be defined as any accident (i.e. unexpected external physical and/or chemical effect occurring suddenly, beyond the control of the Insured Party and causing health damage to the Insured Party) sustained by the Insured Party abroad during amateur sports activities that are in compliance with local authority regulations.

The Insured Party hereby releases the doctors performing the examination or treatment from their obligation of confidentiality towards the Insurer for the purpose of the provision of the above services.

- 4.3 The insurance amounts of the accident insurance service are determined according to the Service Schedule.

The Insurer shall reimburse:

- cost of health care as per 4.1,
- in case of accident related disability the % part corresponding to the established decree of disability is paid from the insurance amount determined,
- if the Insured Party dies because of the accident, Insurer pays the insurance amount as per the Service Schedule to the Beneficiary(ies) specified by Insured Party in writing, or in lieu thereof to the heir(s) of the deceased. If prior to the death, services were provided for permanent health damage (disability), Insurer deducts from the amount payable for death the amount paid on the basis of disability, provided that the cause of death is the same Insured Event,
- the Insurer shall pay accidental hospital daily allowance up to the amount indicated in the Table of Services (depending on the insurance plan chosen) if the Insured Party requires medically reasonable hospital treatment in a foreign country due to an accident and the costs of medical care (except for the deductible, if any) are covered by the European Health Insurance Card held by the Insured Party. The Insured Party shall be entitled to the allowance for the period of staying in the hospital but no more than 10 days in any case. Entitlement to the allowance shall be justified by the Insured Party by means of his/her discharge report.

Sports accident shall be defined as any accident (i.e. unexpected external physical and/or chemical effect occurring suddenly, beyond the control of the Insured Party and causing health damage to the Insured Party) sustained by the Insured Party abroad during amateur sports activities that are in compliance with local authority regulations.

4.4 Subject to the baggage insurance, the Insurer shall pay for losses:

- arising out of theft or robbery of the baggage or clothing of the Insured Party taken from Hungary to the foreign country. The Insurance also extends to damage or destruction of baggage and clothing occurring in connection with accident causing bodily harm - certified by physician -, road accident documented by reports, or natural disasters, at the depreciated (used) value existing at the time of the occurrence of the damage up to the contracted insurance amount. Furthermore the insurance covers the theft or robbery of the eyeglasses of the Insured Party carried from Hungary as well as damage or destruction of such eyewear which is related to accident - involving bodily injury - suffered by Insured Party abroad, as certified by physician, road accident documented by reports or natural disaster, up to the per-asset limit determined by the Service Schedule, as amended from time to time.
- in case of theft from the locked luggage compartment of the car, the compensation amount may not exceed half of the contracted insurance amount,
- Insurer covers the mobile phone, camera and video camera up to the amount determined in the Service Schedule even if their invoice value exceeds such amount. Their purchase price shall be authentically proven by means of an invoice (i.e. issued specifically to the name of the Insured Party if the technical equipment has a purchase price over HUF 50,000 at the time it is purchased) in accordance with Section 7.3. Insured Party shall be obliged - promptly after the Insured Event - to contact assistance service of mobile company and need to ban the mobile number.
- Insurer covers sunglasses up to the next amount: in case Komfort 10 insurance product 20 000 HUF, in case Prémium 50 insurance product 30 000 HUF (only for insured events occurred in connection with theft or robbery and accident - certified by a physician). Their purchase price shall be authentically proven by means of an original invoice. The original invoice cannot be replaced by or substituted for a sale/purchase agreement.
- Insurer covers the expenses of replacing passport, personal id, domicile card, TB (SSI) card, driving license, registration and Bankcard issued by Budapest Bank Zrt., which was stolen during foreign trips or become unusable due to accidents, if supported by invoice, no more than the amount determined in the Service Schedule. Such service shall be provided from the amount of the baggage insurance.
- Insurer covers the consulate expenses of the return permit issued to the Insured Party in case of travel documents stolen or become unusable by accident during the Insured Party's travel abroad, but no more than the limit set out in the Service Schedule. Such service shall be provided from the amount of the baggage insurance.
- if a luggage delay exceeding 6 hours occurs during travel by air, Insurer reimburses up to the indicated limit value retroactively in HUF the expenses of the necessary and justified purchase of cleaning materials, hygiene products and clothing made abroad, if those are supported by invoices. This service is provided by Insurer exclusively if the carrier has not paid compensation or quick aid in this respect, or if its value is lower than the amount of the Insurer's service. To submit a valid claim for this service, Insured Party must obtain the written certificate of the airline company or its representative, stating the period of the delay and the amount of compensation paid by carrier. For the purposes of this terms and conditions, valid certification shall mean the PIR (Property Irregularity Report) issued based on the statement made by the Insured Party before leaving the transit area. The quick aid paid by the airline company for the luggage delay is deducted from the expenses supported by invoice. –should the baggage be lost completely, the amount paid by the Insurer for delayed delivery of baggage shall be deducted from the amount of damages to be paid for the complete loss of baggage.

4.5 Assistance services

- the Insurer may have the sick or injured Insured Party transported to a Hungarian health institute, escorted by a physician or nurse, if necessary, as may be permitted or required by the patient's condition. The time and method of transportation is determined by the Insurer after prior negotiations with the physician or medical institution treating the patient. The insurance shall not provide cover for the costs incurred after transportation to the Hungarian health institute. The costs of transportation home arranged by the Insurer shall be paid by the Insurer.
- In the event of the Insured Party's inability to walk, the Insurer shall arrange for the transportation of the Insured Party to the physician or hospital by ambulance or taxi and reimburse the costs incurred.
- In case of the death of the Insured Party, the assistance service of the Insurer shall provide for and bear the costs of transporting the corpse of the Insured Party to Hungary, including the cost of coffin necessary for transport.
- The Insurer shall not reimburse the costs of transportation arranged/performed without the consent of the Insurer.
- If the Insured Party shall need to extend the stay in the foreign country after being discharged from hospital (provided such extension of stay is supported by medical reasons or traveling cannot be commenced on the date originally planned) the Insurer shall provide for hotel accommodation up to the amount specified in the Service Schedule. The Insurer agrees to provide hotel accommodation for one close relative staying abroad with the Insured Party for no more than the limit set out in the Service Schedule, during the stay in hospital of the Insured Party or if it shall be necessary to extend the stay of the Insured Party after being discharged from hospital, up to the amount specified in the contract. The Insurer shall pay such costs solely if reasonably required by the condition of the patient and if such necessity can be clearly established based on the medical documents. In case of this expense, the per-night coverage limit is determined in the Service Schedule.
- If as a result of accident, illness or death of the Insured Party the child below the age of 14 traveling with the Insured Party shall be left without care, the Insurer shall arrange for the traveling to and back of a close relative with registered place of residence in Hungary to accompany the child home and pay the cost thereof. In the event the Insured Party or the available close relative in Hungary shall not name such a person, the Insurer shall provide for the transportation home of the child.
- If after departure a close relative of the Insured Party living in Hungary dies or enters into a life-threatening state, the Insurer organizes the early return of Insured Party and undertakes its extra expenses up to the value limit determined in the Service Schedule.
- If the Insured Party is in a life-threatening condition or if hospital treatment for more than 8 days shall become necessary, the Insurer shall reimburse the costs of traveling to the hospital and back for one close relative or guardian (the cost of fuel of the car of such relative, 2nd class train ticket or tourist class airline ticket) and the costs of hotel accommodation for no more than the limit undertaken in the Service Schedule, provided that the Insured Party is staying without a relative in the foreign country. In case of staying in hotel, the per-night coverage limit is determined in the Service Schedule.
- The costs of visit made without the prior consent of the Insurer shall not be reimbursed.
- Arrangement for the transfer of cash assistance to the foreign country: insured event: if the Insured Party shall need urgent financial help in the foreign country for reasons beyond his/her control (e.g. the costs of repair of car). In this case, the Insurer agrees to arrange for the delivery of the insurance amount specified to the Insured Party, which shall be paid to the Insured Party by the agent of the Insured Party in Hungary via the assistance service or the Insurer. The transaction costs of the transfer shall be paid by the Insured Party. The cash assistance service shall not extend to the case if the Insured Party shall pay deposit in the foreign country for any reason.
The service is available with **optional** travel insurance.
- The Insurer shall provide advice and information regarding the replacement of passports or personal ID cards stolen or become unusable in accidents during the Insured Party's travel abroad.

4.6 Arrangement for transporting passenger car to service

It shall be construed as an insurance event if the passenger car driven by the Insured Party becomes inadequate for running because of technical errors or accident. The Insurer shall arrange for the transportation of the inoperable vehicle to the nearest official branded service station should on-site repair seem to be impossible. If necessary, the Insurer shall arrange for the transport of the mobile home or trailer pulled by the defected car - mounted with a standard 50 mm diameter pulling cable - into the same brand service shop. The territorial scope of services to be provided by the Insurer shall be restricted to Europe (Section 9.1 of the General Terms and Conditions for Travel Insurance).

4.7 Costs of driver services (reimbursement of travel costs incurred in connection with transporting the passenger car home).

The Insurer undertakes that in case of the Insured Party's accident and illness occurring abroad, it shall arrange for the travel of the Insured Party's designated person from Hungary to the Insured Party's place of stay so that this person should arrange for the transport to Hungary of the operable passenger car possessed by the Insured Party or the owner of the bank account. This service can be claimed only if the medical expert opinion on

incapacity for driving is available. The Insurer shall compensate for the costs of the designated person's travel to the place of stay (fuel cost for own passenger car, 2nd class train or tourist plane ticket) within the limit undertaken in the Service Schedule. The territorial scope of services to be provided by the Insurer shall be restricted to Europe (Section 9.1 of the General Terms and Conditions for Travel Insurance).

4.8 Health care assistance

- Insurer dispatches a physician to the location where the Insured Party stays (if so requested by the Insured Party) as soon as possible, or refers the Insured Party to a physician at the address disclosed by Insurer and arranges the further medical care of Insured Party, if necessary.
- The Insurer shall stay in contact continuously with the physician or health institute providing treatment for the Insured Party.
- The Insurer agrees to continuously inform a person residing in Hungary specified by the Insured Party of the state of health of the Insured Party.

4.9 Rescue and searching

If the Insured Party needs rescue due to an accident or severe disease during the trip, the Insurer shall involve its assistance partner and organize the most efficient rescue procedure possible and bear the costs incurred pursuant to the Service Schedule and the insurance plan selected.

Within this context, the Insurer shall reimburse the justified costs incurred in connection with finding and transporting the Insured Party to the nearest road accessible by vehicles or to the hospital located nearest to the place of accident. Rescue may be accomplished in any manner as medically reasonable and/or required. The foregoing provision shall also apply to rescue and searching required for any accident occurring during amateur sports activities specified in Sections 4.1.

If the sports activities are performed in violation of local, authority regulations, the Insurer agrees to find and rescue the lost or injured Insured Party but refuses to reimburse the associated costs (including medical costs).

4.10 Liability insurance

The Insurer shall reimburse the costs, up to the limit specified in the Service Schedule, incurred in connection with the medical treatment of accidental injury to a third party caused by the Insured Party in the foreign country or, should the casualty decease, the costs of burial in case the Insured Party may be obliged to bear such costs under the law.

- The Insurer's obligation to pay damages shall extend to losses arising out of the gross negligence of the Insured Party.
- For the purposes of this chapter, Medical expenses mean the reasonable and justified expenses of surgery, x-ray, dental, patient transport, hospital, nursing and prosthetic care. Funeral costs shall include the reasonable costs incurred in connection with the burial of the deceased person.

The service obligation of the Insurer shall extend to reimbursing exclusively the above costs. Insurer does not cover the damage resulting from the below events:

- any material damage (damage to, loss or destruction of property);
- events caused by the Insured Party intentionally;
- damage caused in connection with the professional or business activity of the Insured Party;
- expenses incurred in connection with real property, water or air vehicles owned, possesses, leased or rented out by Insured Party;
- damage related to the liability arising out of the possession, maintenance, use, up and down-loading of motor vehicles and other overland means of transport equipped with an engine, watercraft or aircraft;
- liability damage arising out of the transmission of contagious illnesses by the Insured Party;
- liability damage arising out of sexual harassment, the exertion of violence or psychical force;
- liability damage arising out of the consumption, sale, production, transfer, transport or possession of substances qualified as drug or equivalent substance by the competent authorities;
- liability damage paid for subject to legal rule or another insurance;
- liability damage arising out of litigation initiated against the Insured Party by a family member, travelling companion or the family member of a travelling companion;
- injuries caused by guns;
- liability damage arising out of the ownership or possession of animals.

For events detailed in Section 4.9, service is provided under the **Optional** travel insurance within the insurance amount set out in the Service Schedule.

4.11 The Insured Party shall be obliged to notify the Insurer in writing within 30 days of becoming aware of any claim made against the Insured Party in connection with his/her acts defined above or of any circumstances that might give rise to such claim. Failure to comply with this obligation allows the Insurer to enforce the legal consequences applicable to the breach of the disclosure obligation.

4.12 The Insurer shall provide the services to the damaged party. The Insured Party may only claim compensation

from the Insurer if the Insured Party has fully settled all claims of the damaged party. If the Insured Party has obviously unfounded objection against his/her liability for the claims made against him/her or against the extent of financial compensation liability arising out of the claims made against him/her, the Insurer shall be entitled to provide the services directly to the damaged party. Extra costs incurred due to unfounded negation shall be borne by the Insured Party. If such costs were originally borne by the Insurer, the Insured Party shall reimburse such costs to the Insurer.

- 4.13 The acknowledgement, performance and agreement of the damaged party's claim by the Insured Party shall be valid against the Insurer only if the Insurer has provided its prior consent or subsequently took note of such fact.
- 4.14 Based on the legal defense service, Insurer reimburses the costs of procedures initiated against the Insured Party at the place of committing a violation or negligent crime abroad during the period of the insurance according to the following rules:
- The Insurer shall provide the bail or similar collateral established against the Insured Party and pay related costs up to the insurance amount subject to the existing insurance relationship, in consideration of the regular and locally accepted legal fees, including the cost of involvement of an expert assigned by the attorney at law, up to the amount specified in the Service Schedule, should the defense so require.
 - The insurance shall not include the right of choosing the attorney at law. The Insurer shall provide for the appropriate protection by means of its agent.
- For events detailed in Section 4.14, service is provided under the **Optional** travel insurance within the insurance amount set out in the Service Schedule.

Section V – Risks and Events Excluded from Travel Insurance

- 5.1 Coverage shall not cover:
- any care or the purchase of medicine that is necessary as a consequence of an earlier health condition if it is obvious, upon the conclusion of the insurance contract, that such care or medicine shall become necessary with high probability during the term of insurance, except for emergency, or if 5 years have elapsed from the commencing date of the cover or from the deadline to report changes,
 - services not necessary for establishing the diagnosis or treatment and not required by acute illness or accidental injury,
 - extra expenses exceeding the reasonable and customary fees in the given country,
 - extra hospital costs arising out of the Insured Party's objection to transport by the Insurer to Hungary (including special ways of transport) for the purpose of further medical treatment, despite the lack of medical reasons;
 - in case of damage in excess of EUR 300, the expenses exceeding the value limit set, if the Insured Party did not request Insurer's consent to receive the given health care service (except for the case specified in Section 2.3).
 - the costs of transport home without Insurer's consent,
 - examinations and surgeries that may be postponed to a date after the (earliest possible) return to Hungary without assuming unreasonable medical risk,
 - follow-up treatment, psychiatric treatment, treatment or care provided by dependent or travelling companion,
 - physical therapy, acupuncture and treatment by natural healer or chiropractor,
 - vaccination, routine, control and screening examinations;
 - sexually transmitted diseases, acquired immune deficiency syndromes (AIDS) and related illnesses;
 - contact lenses,
 - prenatal care, obstetric care, clinical examination(s) related to pregnancy, abortion;
 - the costs of health care required due to accident occurring in the course of physical work performed during professional activity,
 - the treatment of more than two teeth, definitive dental care, jaw-orthopedic treatment, tooth regulation, paradontologic treatments, plaque removal, non-emergency tooth canal treatment, tooth replacement, preparation or repair of dental crown, denture and bridge;
 - medical and other expenses arising out of the omission of the compulsory vaccinations,
 - cost of drugs purchased without prescription,
 - any therapeutic activity performed by a person without doctor's qualification,
 - treatment by the close relative of the Insured Party.
- 5.2 Coverage shall not extend to the following objects:
- jewelry (including wrist watch exceeding the value limit of HUF 20,000) precious metals, art objects, collections, cash, cash replacing payment means, (e.g. Bank or credit card, not including Bankcards issued by Budapest Bank Zrt., service vouchers, ski pass, etc.), savings book, other securities, ticket, muniment, business or private document (except for passport, personal ID card, residence card, TB (SSI) card, driving license, registration), key, medicament, perishables, cigarette, liquor, precious furs, bicycle, sporting goods and equipment, motorcycle equipment, crash helmet, GPS, technical products and their accessories (except for mobile phones, cameras and camcorders pursuant to Section 4.4) which is covered up to HUF 100,000 - even if the invoice value exceeds this limit - if its value is certified by the original invoice (for technical equipment with a price

greater than HUF 50,000 at the time of purchase, specifically issued to the name of the Insured Party), tools used for work purposes, musical instruments, assets whose (new), excessive value of any object with a unique value exceeding the threshold value per object as defined in the Service Schedule and their accessories, and the assets purchased abroad during the period of the insurance.

- 5.3 The coverage shall not extend to the following insured events of luggage:
- loss, misplacement, or abandonment, dropping, injuring or damaging of luggage, or the theft of objects left unattended at public places on unlocked premises,
 - if the luggage is stolen from other part than the vehicle's locked luggage compartment with solid lid, or if forceful entry to the luggage compartment is not clearly documented,
 - if the luggage is stolen from the boot in the hours after 22 p.m. and 06 a.m., according to local time.
 - damages occurring during aviation transportation of technical equipment,
 - if the Insured Party fails to check in luggage promptly after arrival, in case of travel by vehicle, left unattended at the place of accommodation or vehicle,
 - if it is proven that the damage was caused or contributed to by the negligence, illegal act or omission of the claimant or the transport operator,
 - losses from theft occurring in the course of camping or tent camping if such camping or tent camping shall take place outside the officially designated area.
- 5.4 Risks excluded from arrangement for transporting passenger car to service:
Insurer shall not arrange for the service related to inoperable passenger cars, if:
- car defect arises out of the negligence of the Insured Party. Negligence shall include, in particular, running out of fuel, failure caused by inappropriate oil or lubricant level, except if such levels shall fall below the required level due to break or fissure resulting from an accident;
 - the car broke down outside the territory of Europe.
- 5.5 Risks excluded from the reimbursement of costs of driver services (reimbursement of travel costs incurred in connection with transporting the passenger car home): Insurer shall not arrange for assistance for taking home passenger cars, if:
- the passenger car is not in the Insured Party's or the owner of the bank account possession,
 - the available medical report does not clearly imply that the Insured Party was not allowed to drive,
 - the Insured Party's accident or illness occurred outside the European territory.
- Service shall not cover fuel costs and road taxes incurred during the taking home of the passenger car.

Section VI – Exemption of the Insurer

- 6.1 The Insurer shall be excused from the payment of travel insurance losses, in the following cases:
- the illness was caused by the Insured Party deliberately or if the Insured Party became ill or sustained injury as a result of the Insured Party's deliberate criminal action,
 - the Insured Party suffered the illness as a result of or for a reason that may be traced back to the influence of alcohol (blood alcohol level above 0.8%) or drug,
 - death by accident was caused by the Beneficiary's intentional conduct, or
 - it is proven that the accident or illness was caused by the Insured Party's or its close relative's deliberate misconduct, unlawful act or gross negligence, or
 - the Insured Party suffered the accident as a result of or in connection with the criminal act committed by the Insured Party,
 - the Insured Party committed suicide (whether attempted or effectively),
 - the damage was caused by the Insured Party or their close relative intentionally or by gross negligence,
 - the Insured Party did not fulfil the obligation of prevention or mitigation of loss,
 - to the extent of losses covered by the liability insurance of the forwarding agent or other insurance contract,
 - if it is proven that the damage was caused or contributed to by the negligence, illegal act or omission of the claimant or the transport operator,
 - the event of loss occurred during car racing or training for car race,
 - in case of damages caused by fire or explosion in vehicles modified without official authorization or in direct connection with such modification,
 - the vehicle driver drove without a driving license valid for the given vehicle category,
 - if the service related to accommodation or travel home was not arranged by the Insurer or if it was arranged and used by the Insured Party without the prior written consent of the Insurer.
- 6.2 The accident and disease shall be deemed to be caused by gross negligence particularly when the Insured Party
- caused the accident while being under the influence of alcohol (blood alcohol level is above 0.8%), drugs or other narcotics or if the accident or illness was caused in causal connection with the above,
 - drove the vehicle without a license or under the influence of alcohol, and the traffic accident was incurred because of or caused by such condition,

–in the event of motor vehicle accident, violated at least two traffic rules valid and in force in the country of accident at the time of the accident.

Section VII – Settling Claims, Required Documents

- 7.1 The Insurer shall settle the costs incurred in connection with insured events duly reported directly with the service provider or the party settling the invoice issued by the service provider. If the service provider hands over the invoice to the Insured Party, the Insured Party must send the original invoice - together with other required documents - within 7 business days of returning home to the Insurer at the following address: Claim settlement, UNION Vienna Insurance Group Biztosító Zrt. 1441 Budapest, Pf. 428. [Hungary]
- 7.2 Settlement of invoices incurred abroad:
- If Insured Party received health care services, the foreign health care provider, the treating institution/person may submit the original invoice to Insurer or the assistance service.
 - In the event the Insured Party paid the fee charged for the health care on the premises, after reporting to the Insurer as required, the Insurer shall reimburse the loss on the basis of the insurance claim submitted by the Insured Party after arriving back to Hungary, subject to the valid foreign exchange regulations. The Insurer shall reimburse the cost of health care services used without the Insurer's prior consent up to the amount of EUR 300.
- 7.3 Claims shall be settled on the basis of the following documents:
- medical documentation certifying the urgency of the care, original invoices issued to the name of Insured Party, pertaining to the foreign expenses of physician services and that of the medicine,
 - in case of accidents, the medical documentation from abroad,
 - official protocol or certificate taken or issued in the foreign country (at the scene of accident, if possible) of the fact and circumstances of the accident and the injury;
 - the original of the insurance claim form used by the Insurer and duly completed by the client;
 - to settle claims concerning the loss of luggage, the detailed, original records or resolution taken by the police or the airline at the scene of the Insured Event, specifying the name of the Insured Party, containing the itemized list of the objects lost, the airline's proof of the compensation amount provided by them or refusal thereof;
 - clearly identifiable invoice (containing the name of the object lost), in lack of which the Insurer shall rely on the average domestic prices in calculating the amount of damages;
 - original copy of invoice of the mobile phone, camera or camcorder (i.e. issued specifically to the name of the Insured Party if the technical equipment has a purchase price over HUF 50,000 at the time it is purchased); The original invoice cannot be replaced by or substituted for a sale/purchase agreement. Original invoice shall mean any invoice legally issued by the technical equipment distributing vendor/retailer in accordance with Act CXXVII of 2007 on Value Added Tax;
 - in the case of the replacement of glasses, the original invoice specifying the name of the Insured Party and the medical documents prepared in the foreign country and supporting the fact of the accident;
 - certification of banning of mobile number, issued by mobile network operator;
 - other document(s) as may be required by the Insurer for the settlement of the claim.
- In case of the Insured Party's death, in order for the Insurer to arrange for the transportation of the body to Hungary, the Insured Party's relative must submit the following documents to the Insurer:
- a document certifying the death, official or medical certificate specifying the cause of death,
 - in case of accidental death, the documents needed for clarifying the specific circumstances of death,
 - acceptance statement from the cemetery,
 - death certificate.

The Insurer shall not reimburse the costs of transportation arranged/performed without the consent of the Insurer.

The Insurer shall settle the costs incurred in connection with legal protection services directly, up to the amounts specified by the Insurer. In the event the Insured Party settled the costs incurred in connection with legal protection services on the spot, with the prior consent of the Insurer, the Insurer shall reimburse such costs after the receipt of the original invoices, up to the insurance amount specified by the Insurer.

Section VIII – Chart of permanent loss of health (disability)

- 8.1 The rate (decree) of permanent health impairment resulting from accident - regardless of the profession of the Insured Party - in case of loss of organs or limbs or their total inoperability must be determined according to the following chart:

Health damage of body parts	Disability degree
total loss of sight of both eyes total loss of both upper arms, lower arms or hands total loss of one arm or hand and one foot or leg amputation of upper and lower extremity total loss of both legs	100%
loss of both shins	90%
loss of one leg loss of one arm	80%
loss of one shin loss of one forearm total loss of speech complete hearing loss for both ears	70%
loss of right hand (below wrist) of right-handed client loss of left hand (below wrist) of left-handed client	65%
loss of right hand (below wrist) of left-handed client loss of left hand (below wrist) of right-handed client	50%
loss of one foot below the ankle	40%
total loss of sight of one eye	35%
complete deafness of one ear	25%

- 8.2 With regards to permanent health damage (disability), the Insurer shall provide services in case of 25% or more physical impairment medically considered permanent and irreversible despite of medical therapy and rehabilitation which restricts the usual way of life and social participation.
- 8.3 The total amount of damages paid for permanent partial disability arising out of one accident may not exceed the insurance amount established for permanent complete disablement.
- 8.4 The extent of permanent physical health damage caused by accident shall be established immediately in the insured event of the organs and limbs listed in the above chart and at a later time determined by the physician of the Insurer, but no later than 2 years after the accident, in any other case.
- 8.5 In cases not listed in the chart, the degree of the permanent accidental disability shall be established by the physician of the Insurer, no later than two years after the date of the accident. Should the Insured Party disagree with the degree of permanent disability established by the physician of the Insurer, the Insured Party shall obtain a resolution of the National Institute for Medical Rehabilitation (ORSZI) concerning the extent of disability. Based on this decision, Insurer may review its original decision, if it is justified.