

Assistance to persons abroad and at home: ANNUAL

Information document on insurance product

Insurance company: AWP P&C S.A. – Belgian Branch, company registration number 0837.437.919,
registered as insurer by FSMA under code number 2769

Product: Vanbreda Assi-Link +

This information document aims to provide an overview of the main warranted covers and exclusions of this insurance. This document has not been customised to individual needs and the information provided in it is not exhaustive. For all additional information on the subscribed insurance, please consult the general and special terms and conditions and/or contact your insurance company or agent.

What kind of insurance is this?

Depending on the chosen formula and warranted covers ([consult the special terms and conditions of your contract](#)), this insurance policy offers medical assistance- in addition of your medical plan- abroad. Also consult the [general terms and conditions](#) of your contract for all information on warranted covers, obligations, exclusions and limitations. The general terms and conditions always take priority over any other document.



What is insured?

Assistance to persons abroad:

- ✓ Medical costs up to 125,000 €/insured person after deduction of benefits from the National Social Security Office or any other institution or insurance company covering this risk
- ✓ Unlimited repatriation and transport costs in case of sickness, accident or decease
- ✓ Extended or improved stay subject to medical prescription
- ✓ Transfer from a next of kin in case of hospitalisation or repatriation abroad
- ✓ Shipment abroad of medicines, prostheses and goggles recognised by the National Social Security Office
- ✓ Search and rescue costs abroad up to 5,000 €/insured person

Assistance to persons at home:

- ✓ During and after hospitalisation, the insured person is entitled to family aid, childcare and a pet-minder
- ✓ Transport to hospital, if needed under medical supervision
- ✓ Delivery of first necessary purchases of medicines on medical prescription and/or the necessary foodstuffs when the insured person cannot arrange for this himself and no other person is available
- ✓ Post-natal care after hospitalisation
- ✓ Transportation to school for children of insured person if the latter is in hospital

Additional assistance:

- ✓ Psychological assistance after a trauma
- ✓ Information about health care facilities, doctors on call, lease of medical equipment...



What is not insured?

Are excluded, among others:

- ✗ Pregnancy and childbirth unless in case of unexpected complications
- ✗ Aesthetic surgery
- ✗ Pre-existing illnesses unless already stable for 2 months and no medical care during these 2 months
- ✗ Reckless behaviour
- ✗ All circumstances that were already known or that already existed prior to or at the time the corresponding warranty became effective or at the time the insured person started travelling so that the claim could have been reasonably expected.

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Are there limits to the coverage?

Are excluded, among others:

- ! Insurance claims after 26 weeks' pregnancy
- ! Disregard of government decisions
- ! Strike, radioactive radiation, epidemics, quarantine measures
- ! War, civil war, insurrection
- ! Excessive use of alcohol, drugs or medicines
- ! Existing insurance claims and deliberate intent



Where am I Insured?

- ✓ For the warranted cover Assistance to Persons Abroad: worldwide except for Belgium and country of residence
- ✓ For the warranted cover Assistance to Persons at Home: country of residence



What are my obligations?

When subscribing this insurance policy:

- Providing all useful information to the insurer or its representative and answering their questions
- Submitting all requested relevant documents to the insurer
- Timely payment of premium established in the Special Terms and Conditions

At the time the insurance policy enters into force:

- Informing the insurer as soon as possible about changes that could have an effect on the insurance cover.

When reporting an insurance claim:

- In case of damage, contact the insurer. When in urgent need of assistance immediately call the assistance support centre. In any event, the insurance claim must be reported in writing to Allianz Assistance within 7 days.
- Within 30 days, you must communicate to Allianz Assistance all useful information and answer all its questions so as to enable the latter to establish the circumstances and scope of the actual damage.
- You must also take all reasonable measures for limiting the impact of the event leading to the insurance claim.
- Upon an accident, the illness or injury must be objectively established by a physician and the necessary measures must be taken to reclaim medical costs from the National Social Security Office and all your insurance funds.
- The insured person must communicate the identity of other insurers covering the same risk to Allianz Assistance.
- You must take the necessary measures to submit the medical information regarding the insured person involved to Allianz Assistance.
- Furthermore, you must allow physicians of Allianz Assistance to retrieve the medical information regarding the insured person involved. Finally, you must allow the physician assigned by Allianz Assistance to examine the insured person involved.
- Upon a decease, every beneficiary must immediately communicate the decease to Allianz Assistance in writing so that the latter, if deemed fit, can have an autopsy carried out by a physician of its choice prior to the burial or cremation.

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When and how do I pay?

Coverage starts after the payment by the insurance taker or the insured, depending on what has been agreed, of the entire and indivisible first premium to the insurance company or agent by the date of maturity. Payment must be made according to the options given by the seller of this contract. In any event, the warranted covers enter but into force after reception of the first payment.



When does coverage start and end?

The warranted covers enter into force as from 00.00 hours of the date mentioned in the Special Terms and Conditions and end at 24.00 hours of the final day mentioned in the Special Terms and Conditions.

The duration of this contract is 1 year; it is silently extended for consecutive periods of 1 year unless either party opposes such extension at least 3 months prior to the date of maturity.



How do I terminate my contract?

Notice of termination must be given by registered mail or by way of a letter with acknowledgement of receipt or a writ served by a process server addressed to Allianz Assistance. It immediately enters into force within 14 days after having received the pre-signed insurance policy. It is also possible to serve a notice of termination at least 3 months prior to the date of maturity. Finally, the insurance taker or insured person can always terminate the contract upon a change in the General Terms and Conditions subject to a notice period of 3 months.