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**Raiffeisen  
BANK**

Raiffeisen Bank Card  
Travel Insurance



Think

  
**UNIQA**

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Dear Customer!

Before making your insurance offer, please read carefully the Insurance Product Information and these Insurance Terms and Conditions, which contain a detailed description of the insurance product, including the Customer Information highlighting the most important elements.

Name of the insurance product:  
Raiffeisen Bank Card travel insurance

The insurance contract (hereinafter referred to as the "Contract") for the joining *Insureds* is as follows – inseparable – consists of parts:

1. Insurance product information
2. Insurance Terms:
  - A) Customer Information
  - B) General Provisions
  - C) General Terms and Conditions (hereinafter: "GTC");
  - D) Special Terms and Conditions  
(hereinafter referred to as the "STC"),
3. *Insured's* declaration of accession
4. The Contract also contains the Insurance *Event* (s) and the Insurance Service (s), about which the *Insured* receives detailed information from the *Policyholder*.

In the following description, in order to improve the readability of the text, some details have been grouped in a separate section at the end of the Insurance Terms and Conditions ("Detailed Explanations"). These are indicated in the text by a numeric reference enclosed in square brackets ("[..]"), the detailed descriptions of which can be found in a separate chapter



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# A) Customer information

## A.1. NSURER

The *Insurer* is subsidiary of UNIQA Biztosító Zrt. [1] (hereinafter: the "*Insurer*").

## A.2. SUPERVISORY BODY

The supervisory body of the *Insurer*: the Magyar Nemzeti Bank [2] (hereinafter: "MNB")

## A.3. REPORT ON THE INSURANCE'S SOLVENCY AND FINANCIAL POSITION

The report is available on the *Insurer's* website (www.uniqa.hu).

## A.4. ADVICE

in the case of this insurance product, the *Insurer* provides advice depending on the method of selling the insurance.

a) If the sale

- with the assistance of a dependent insurance intermediary, the *Insurer* provides advice.

b) If the sale

- via the *Insurer's* website, online, or by the *Insurer* by telephone, the *Insurer* does not provide advice.

c) If the sale insurance broker, or (not the same as the *Insurer's* agent) with the participation of several agents, then their insurance intermediary's (client's) information includes whether they provide advice.

## A.5. REMUNERATION OF CONTRIBUTORS

The *Insurer's* non-insurance intermediary activities are carried out within the framework of an employment relationship, for which they receive remuneration typical of their employment relationship.

## A.6. ADDITIONAL IMPORTANT INFORMATION ABOUT THE INSURANCE PRODUCT

- the definition of the *Insurance period* and Duration in C.7. point;
- the beginning of the *Insurer's* risk bearing in C.4. point;
- the *Insurance Event* (s) is (are) described in D.2. point;
- the conditions for payment in accordance with C.9. point;
- the services of the *Insurer*, the method, time and possibilities of their performance in accordance with C.8. point;
- information on the termination of the Contract a C.11. point;
- the conditions for amending and terminating the Contract are set out in points C.10.-11;
- the exemption of the *Insurer* and the unacceptable (excluded) risks in accordance with C.14. point;
- regulated.

## A.7. OTHER IMPORTANT INFORMATION REQUIRED BY LEGISLATION

- The *Insurer* shall ensure that the customer and the consumer advocacy bodies submit any complaints orally or in writing regarding the *Insurer* and the persons involved in the supply of goods in accordance with Section B.2. may be submitted in accordance with [3]
- For information on insurance secrecy, the *Insurer's* data management and data transmission, see B.3. included.
- The language of the Contract and communication is Hungarian.
- Hungarian law shall apply to the Contract.
- Provisions derogating from the law and standard contractual practice are set out C.15.1. included.

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## A.8. FREQUENTLY ASKED QUESTIONS

### A.8.1. What to do if something goes wrong while traveling?

Please dial our emergency number: +36 1 458-4484

Report the damage as soon as possible, but no later than 24 hours!

In cases where you need emergency care, please dial the emergency number for that country first.

### A.8.2. What happens when I call the emergency number?

Our goal is to help you with every step of your claim settlement. We are the first to identify and verify your information.

After that, it is necessary to provide the details of the damage event:

- what damage occurred,
- where,
- when,
- under what circumstances.

We will then provide information on whether your insurance contract covers the reported damage or whether there are any restrictions or exclusions in connection with the damage.

### A.8.3. What can the Insurer request during the claim settlement?

In the event of a loss event, the *Insurer* may request the presentation of documents that are suitable for proving the loss event. The *Insurer* makes the due date of the performance of its service conditional only on the presentation of a document that is necessary to prove the occurrence of the *Insurance Event* and to determine the extent of the service to be performed.

The documents required for the performance of the service are included in Appendix 2.

### 8.1.4. When can I receive the amount of compensation?

The *Insurer* shall provide compensation within 15 days from the receipt of the last document necessary for the assessment of the service, if the legal basis exists and the amount can be established. If the documents requested by the *Insurer* are not submitted despite the invitation or are incomplete again, the *Insurer* may reject the service request or assess it on the basis of the available documents.

## A.9. DETAILED TERMS

- [1] Details of the *Insurer* (Section A.1):
  - full name: UNIQA Biztosító Zártkörűen Működő Részvénytársaság
  - registered office: 1134 Budapest, Róbert Károly körút 70–74.
  - activity: insurance activity
- [2] Detailed data of the Magyar Nemzeti Bank (Section B.2.1):
  - registered office: 1013 Budapest, Krisztina krt. 55.
  - customer service: 1013 Budapest, Krisztina krt. 6.
  - customer service phone number: + 36-80-203-776
  - mailing address: Magyar Nemzeti Bank, 1850 Budapest
  - Internet availability: [www.mnb.hu](http://www.mnb.hu).
  - e-mail address: [ugyfelszolgalat@mnb.hu](mailto:ugyfelszolgalat@mnb.hu)
- [3] Further details of the complaint (point A.7):
  - person involved in the sale: a dependent insurance intermediary employed or entrusted by the *Insurer*, or a person engaged in ancillary insurance intermediation activities entrusted by the *Insurer*
  - the complaints may relate to the conduct, activities or omissions of the *Insurer* or the persons involved in the sale
  - possibilities for oral presentation: in person or by telephone
  - possibilities for written submission: by hand or by hand, by post, fax, e-mail.

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## B) Generaleal provisions

### B.1. RULES OF RELATIONS BETWEEN THE PARTIES, LEGAL NOTICES

If a law requires a written declaration for the validity of the legal declaration, the legal declaration is valid only if it complies with the provisions of the Civil Code (hereinafter: the Civil Code) [4].

#### B.1.1. Transfer of the legal declarations of the Insured to the Insurer

##### I. Declaration of Accession

For Raiffeisen Bank Card group travel insurance, the Connection Statement may be made in writing, on a form signed by the *Insurer*, signed by the *Insured* or in a remote access, recorded video or voice call (including telephone).

##### II. Termination

The Contract may be terminated by the *Insured* in writing (sent by post, fax or handed over in person at the *Insurer's* Customer Service) or in an electronic document with at least an enhanced electronic signature.

The Contract may also be terminated by means of an electronic document containing a scanned PDF copy of the original notice, signed by the declarant.

##### III. Other cases

In all other cases, the declaration addressed to the *Insurer* shall be valid if it is made in writing or by e-mail, fax or electronic means, via the *Insurer's* website or by other durable means and becomes known to the *Insurer*.

The *Insurer* will accept the legal declaration sent by e-mail only if the e-mail address was received from an address connected to the sender, previously notified to the *Insurer* and recorded by the *Insurer*. Depending on the content of the e-mail message, the *Insurer* is entitled to call the *Policyholder* / *Insured* to send a document.

#### B.1.2. Transfer of the Insurer's legal declarations to the Policyholder

The *Insurer* shall forward its declarations to the *Policyholder*, the content of which and all changes or intentions to change the Contract shall be duly notified to the *Insured(s)*.

##### I. Electronic delivery

The *Insurer's* legal declaration related to the Contract shall be deemed received on the date when it was sent by the *Insurer* in a verifiable manner to the e-mail address provided by the *Policyholder* or placed on the *Insurer's* website.

- The *Insurer* shall not be liable for losses resulting from the inaccuracy or incompleteness of the electronic data provided by the *Policyholder*, as well as for errors and malfunctions of the *Policyholder's* mail service provider. takes responsibility.
- During the electronic correspondence, the data of the Contract may be transferred from the closed mail system of the *Insurer* to the open mail system.

##### II. Postal delivery

The statement sent by the *Insurer* to the postal address specified by the addressee shall be deemed to have been delivered regardless of the success of the delivery.

- a) on the day of the attempted delivery, if the consignment is returned to the *Insurer* due to ineffectiveness of delivery, except for the "not sought" indication (e.g. address not identifiable, address unknown, denied receipt, moved, delivery delayed, undeliverable due to lack of mailbox, dead / terminated signals); or
- b) if the statement sent by the *Insurer* was returned to the *Insurer* by the post office with the indication "did not seek" in accordance with the rules applicable to it, on the 5th working day following the 2nd attempt of postal delivery.

The *Insurer* does not have to notify the recipient of the presumption of delivery.

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## B.2. HOW TO REPORT COMPLAINTS

The Client may also submit a complaint about the conduct, activity or omission of the dependent insurance intermediary of the *Insurer* orally (in person, by telephone) or in writing (by a document delivered in person or by other means, by post, fax, e-mail (hereinafter: e-mail)). According to the following:

- a) in person in writing or orally at the *Insurer's* Accessible Customer Service (1134 Budapest, Róbert Károly krt. 70–74.)
- b) electronically (at the e-mail address [panasziroda@uniqa.hu](mailto:panasziroda@uniqa.hu)),
- c) by telephone at the following telephone numbers:  
+ 36-1/20/30/70 544-5555) on weekdays from Monday to Wednesday from 8 am to 5 pm, with extended opening hours on Thursdays from 8 am to 8 pm and on Fridays from 8 am to 4 pm,
- d) by fax (to the following fax number: + 36-1 / 238-6060),
- e) by letter (at the following address:  
1134 Budapest, Róbert Károly krt. 70–74.).

Please also indicate the name Complaint Handling as the addressee on the complaint. We provide information on the detailed rules of the complaint handling procedure [Complaint Management Regulations] on our website [www.uniqa.hu](http://www.uniqa.hu), and the text of the regulations can also be found at the Customer Service operating at the *Insurer's* registered office.

If the insurance intermediary involved in the case is a dependent insurance intermediary multiple agent or an independent insurance intermediary broker, he may file any complaint regarding their conduct, activities or omissions with the insurance intermediary.

### 8.2.1. Felügyeleti szerv

The supervisory body of the *Insurer* is the Magyar Nemzeti Bank [2].

### 8.2.2. Remedies forums

In the event of a total or partial rejection of a complaint or the expiration of the statutory 30-day deadline for responding to a complaint, customers have the following options.

## I. Option for all customers

In the event of any contractual dispute, the client may institute civil proceedings before a court having jurisdiction and jurisdiction under the Code of Civil Procedure.

## II. Additional options for customers qualifying as Consumers under the Act on the Magyar Nemzeti Bank

In the event of a total or partial rejection of the complaint or the expiration of the 30-day statutory deadline for replying to the complaint, the MNB tv. [5], a customer who qualifies as a consumer [6] may apply to the following bodies or authorities:

- a) if the complaint relates to the conclusion, validity, effects, termination and breach of contract and its effects, the customer may refer the matter to the Financial Conciliation Body [7] (hereinafter "PBT");
- b) if the complaint is aimed at investigating the violation of the consumer protection provisions specified in the MNB Act (conduct, activity or omission of the *Insurer*), the customer may initiate the consumer protection procedure of the MNB's Financial Consumer Protection Centre [8].

The condition for initiating the above procedures is that the client attempts to settle the dispute directly with the *Insurer* before initiating the legal remedy.

The Client may request the submission of the "Application" form on which the above procedures are based. The *Insurer* is obliged to send the form immediately in a verifiable manner, free of charge, by e-mail or post in accordance with the customer's request. The *Insurer* also makes the forms available on its website and in its premises open to customer service.

## III. Additional option for customers who qualify as Consumers under the relevant EU regulation: Online dispute resolution platform.

If the customer is domiciled in the European Union and the relevant clause of the relevant EU regulation (hereinafter: the "Regulation") [9] means the out-of-court settlement of a consumer financial dispute arising out of an electronic contract with the *Insurer* through the PBT on an online dispute resolution platform set up by the European Commission (<http://ec.europa.eu/odr>). you can also initiate through.

For the purposes of the Regulation, a consumer is "any natural person who is not acting for commercial, business or professional purposes".

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The scope of the Decree extends directly to a financial service provider established in Hungary if a financial consumer dispute arises in connection with an online service contract concluded between it and the consumer.

The online dispute resolution platform is an interactive website available for the purpose of conducting the online dispute resolution procedure, which is available electronically and free of charge in all official languages of the institutions of the European Union, including Hungarian.

A user guide on how to operate the website can be found at

<https://webgate.ec.europa.eu/odr/userguide/>.

The *Insurer's* e-mail address used for online dispute resolution – exclusively for this purpose – must be provided on the online dispute resolution platform: [onlinevitarendezes@uniqa.hu](mailto:onlinevitarendezes@uniqa.hu).

In Hungary, the PBT [7] is entitled to settle financial consumer disputes.

### B.3. A DATA MANAGEMENT, DATA PROTECTION

In order to enforce the principle of transparency, the *Insurer* wishes to inform its Clients in an understandable way about the *Insurer's* data management and the General Data Protection Regulation of the European Union [10] (hereinafter: "GDPR").

However, for the sake of legal completeness, the *Insurer* also publishes the detailed Data Management documents on its website and in its Customer Service (these documents are also available at the insurance brokerage office of the dependent insurance intermediaries). The contact details of the insurance brokerage offices can be found on the *Insurer's* website.

Pursuant to the legal provisions (Info. Tv. [11], Bit. [12] and GDPR), the *Insurer* provides the following information to natural person stakeholders (*Policyholders*, *Insured Persons*, *Beneficiaries*, other Clients under the Bit., Hereinafter collectively referred to as: "Affected"). The purpose, legal basis and duration of the processing of the data subject's data [13] can be found in tabular form.

#### B.3.1. Data Controller, the Data Controller's representative and the name and contact details of the Data Protection Officer

*Data controller:* UNIQA Biztosító Zrt.

Name and contact details of the Data Controller's representative and the Data Protection Officer posted on the *Insurer's* website and in the Customer Service

It is located. Our Clients can also find out about this information at the insurance brokerage office of the dependent insurance broker.

#### B.3.2. Recipients of Data Transmission

*Data processors:* Persons and data processors who perform activities outsourced to the *Insurer* at any time in connection with the Contract may act as data processors on behalf of the *Insurer*, who may become acquainted with the data. Data processors are listed by recipient group [14]. The valid list of persons performing data processing at the *Insurer* can be found on the *Insurer's* website.

If it is essential for the performance of the Insurance Service, the *Insurer* shall transfer the Personal Data of the Data Subject to a third country in order to perform the Contract for the Data Subject to use services abroad. In all cases, the *Insurer* transmits the personal data of the Data Subject to a partner resident in the country of the service used by the Data Subject. If it is absolutely necessary for the performance of the Contract, the *Insurer* may transfer data to the 3rd party to the recipient group under [15].

#### B.3.3. Getting to know the Insurance Secret

The *Insurer* is entitled to handle the data of its Clients classified as insurance secrets. The provisions on the handling of insurance secrecy are set out in Bit. §§ 135-146, the text of which is available on the website defined by the Government of Hungary, which operates as an electronic public service and is accessible to anyone free of charge ([www.njt.hu](http://www.njt.hu)).

#### B.3.4. Rights of parties concerned

The following description contains an abstract of the data subject's rights provided by the data protection, depending on the role of the data subject (e.g. *Policyholder*, *Insured*). The detailed description can be found on the *Insurer's* website ([www.uniqa.hu/adatkezeles](http://www.uniqa.hu/adatkezeles)) and on its Customer Service.

#### I. Right of access

At the contact details of the *Insurer*, the Data Subject has the right at any time to be informed whether the processing of his / her personal data is in progress, and if so, he / she also has the right to access and request a copy of his / her stored personal data. how we handle your personal information.

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### II. Right to rectification

The Data Subject is entitled to correct or correct inaccurate data or to supplement incomplete data at its request without undue delay.

### III. Right of cancellation ("right to forget")

You may request that certain personal information we hold about you be deleted without undue delay if:

- We no longer need the data;
- You withdraw your consent to the processing of certain data;
- You object to the processing of personal data,
- If it has to be cancelled in order to fulfil a legal obligation under law;
- You are concerned about the legal basis for the processing of your data by us.

### IV. Right to restrict data processing

- If the Data Subject has questions or concerns about the accuracy, justification or lawfulness of the processing of his or her personal data, he or she may request that certain data processing activities be restricted. You may also request a restriction if we no longer need your information, but you, as a Data Subject, request it to submit, enforce or defend any of your legal claims. You can also request a restriction if you question the legal basis for processing data on the basis of a legitimate interest.
- No data management operations can be performed during the restriction period, only data can be stored. The *Insurer* will inform you in advance about the lifting of the restriction.

### V. The right to data portability

You may at any time request that the *Insurer* provide you with your personal data, processed with your consent or on a contractual basis, in a structured, widely used, machine-readable format. You are also entitled to transfer this data to another data controller without being hindered by the *Insurer*.

If it is otherwise technically feasible, the *Insurer* will transfer the personal data directly at your request.

### VI. Right to withdraw consent

- If you have consented to the use, management or sharing of your personal data, you may withdraw your consent at any time, provided it is not data necessary to provide the service.
- If personal data are processed for the purpose of direct business acquisition, you have the right to object at any time to the processing of personal data concerning him for this purpose, including creation, if it is related to direct business acquisition. If the Data Subject objects to the processing of personal data for the purpose of direct business acquisition, the personal data may no longer be processed for this purpose. You can withdraw your consent to direct marketing inquiries at any time by sending a letter to the above postal address or to the email address [lemondom@uniqa.hu](mailto:lemondom@uniqa.hu). Please indicate your name and partner code on the cancellation statement.

### VII. Right of appeal

- If you consider that your rights under applicable data protection law have been violated, you have the right to lodge a complaint with the National Data Protection and Freedom of Information Authority. Contact details of the National Data Protection and Freedom of Information Authority: Website: <http://naih.hu/>; Address: 1125 Budapest, Szilágyi Erzsébet avenue 22 / c; Postal address: 1530 Budapest, Pf.: 5.; Phone: +36-1-391-1400; Fax: +36-1-391-1410; E-mail: [ugyfelszolgalat@naih.hu](mailto:ugyfelszolgalat@naih.hu)
- In case of illegal data processing, you can initiate a civil lawsuit against the *Insurer*. The lawsuit may, at your option, be brought before the court of your place of residence

### B.3.4. Contact details of the Insurer in data management matters

The *Policyholder* shall comply with Article B.3.4. to the e-mail address [adatvedelem@uniqa.hu](mailto:adatvedelem@uniqa.hu) or to UNIQA Biztosító Zrt., 1134 Budapest, Róbert Károly krt. 70–74. in a letter sent to a postal address.



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### B.4. SANCTIONS CLAUSE

Notwithstanding any other provision of this Contract, this Insurance Contract shall entitle you to a service or any payment to be made by the *Insurer* provided that it does not conflict with an economic, commercial or financial sanction and / or embargo imposed by the United Nations Security Council or the European Union, nor is it contrary to any other national law applicable to these Contracting Parties. This provision shall also apply to economic, trade or financial sanctions and / or embargo provisions of the United States of America or other countries, provided they do not conflict with the laws of the European Union or Hungary.

### B.5. POSSIBILITY OF UNILATERAL AMENDMENT

The A.1. (*Insurer*), A.2. (Supervisory body), A.3. (Report on the *Insurer's* solvency and financial position), A.4. (Consulting), B.2. (How to report complaints), B.3. (Data management, data protection) and B.4. (Sanction clause) contains the conditions in force at the time of signing the Contract. The *Insurer* is entitled not to unilaterally or favourably unilaterally amend the provisions regulated in the referred to clauses.

The *Insurer* shall keep its customers up to date on its website and in the Customer Service on how to report complaints, as well as on updated information and details related to data management and data protection

You can also find this information at the insurance brokerage office of the dependent insurance intermediaries.

### B.6. APPLICABLE LAW

In matters not regulated in the Contract, the Civil Code, the Bit. and the provisions of other Hungarian legislation in force shall apply

### B.7. LAPSING

**Claims arising from the Contract shall lapse within two (2) years from the due date of the claim.** The limitation period shall not be interrupted by a written request for enforcement of the claim.

### B.8. COMPLETENESS CLAUSE

The Agreement contains all the terms of the agreement between the Parties, so any previous agreements or declarations shall cease to be valid and shall not constitute the content of this Agreement. Furthermore, the content of the Contract does not become any previous contractual / business practice or custom of the Parties, nor does it become a habit widely known and regularly used in the insurance business by the subjects of a similar Contract.

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### B.9. DETAILED TERMS

- [4] Referenced legal requirement for writing (point B.1.):
- The communication must comply with the written requirement provided for in Act V of 2013 on the Civil Code, i.e. it must be suitable for recalling the content of the legal declaration without change, identifying the person of the declarant and the date of making the declaration
- [5] The MNB Act cited. (Point B.2.2.):
- Act CXXXIX of 2013 on the Magyar Nemzeti Bank.
- [6] The term of consumer in terms of complaint handling (Point B.2.2.):
- According to the MNB Act. consumer is consumer is a natural person acting for purposes which are outside his trade, business or profession. A consumer company, cooperative, condominium, law firm or any other legal entity, among others, is not considered a consumer for the purposes of complaint handling. nor the person employed / acting on behalf of the insurance intermediary or the *Insurer* or insurance intermediary
- [7] Details of the Financial Conciliation Body (point B.2.2.):
- registered office: MNB 1013 Budapest, Krisztina krt. 55.
  - mailing address: 1525 Budapest Pf. 172
  - telephone number: + 36-80-203-776
  - web address: [www.mnb.hu/bekeltetes](http://www.mnb.hu/bekeltetes)
  - e-mail address: [ugyfelszolgalat@mnb.hu](mailto:ugyfelszolgalat@mnb.hu)
- [8] Detailed data of the MNB Financial Consumer Protection Center (point B.2.2.):
- registered office: 1013 Budapest, Krisztina krt. 55.
  - mailing address: 1850 Budapest
  - telephone number: +36-80-203-776
  - web address: [www.mnb.hu/fogyasztovedelem](http://www.mnb.hu/fogyasztovedelem)
  - e-mail address: [ugyfelszolgalat@mnb.hu](mailto:ugyfelszolgalat@mnb.hu)
- [9] Relevant section of the referenced EU Consumer Regulation (GDPR) (Point B.2.2.):
- 524/2013/EU regulation, Article 4, Section 1, point a)
- [10] Referenced EU regulation on data protection (point B.3.):
- 2016/679 General Data Protection Regulation by the European Parliament and The European Council
- [11] Referenced Info Act. (point B.3.):
- Act CXII of 2011 on the right to information self-determination and freedom of information
- [12] Referenced Act on Insurance. (point B.3.):
- Act LXXXVIII of 2014 on insurance activities
- [13] Purpose, legal basis and duration of the processing of the data subject's personal data (point B.3.):

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■ The *Insurer* handles the following personal data of the Data Subject for the purpose, on the legal basis and for the period specified here:

Name and purpose of data management	Legal basis for data management	Scope of data managed	Duration of data storage
Offer data management. The purpose of data management is to complete the contracting process and conclude the contract.	Article 6 (1) (b) of the GDPR - to take steps at the request of the Data Subject prior to the conclusion of the insurance contract.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	Article 17 (3) of the GDPR Enforcement of a legal claim under point e).
Assessment and management of insurance risks.	GDPR Article 6 (1) (b) - the conclusion and performance of the insurance contract.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	The <i>Insurer</i> handles the data during the existence of the insurance legal relationship and during the period for which a claim can be enforced in connection with the insurance legal relationship.
Rejection of an offer for an insurance contract.	Article 6 (1) (b) of the GDPR - to take steps at the request of the Data Subject prior to the conclusion of the insurance contract.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	The <i>Insurer</i> handles personal data related to the non-concluded insurance contract as long as a claim can be enforced in connection with the failure to conclude the contract. In this regard, in order to preserve the data, the Civil Code. the rules of limitation shall apply.
The <i>Insurer's</i> data management activities carried out in order to prevent and identify insurance fraud, as well as its continuous monitoring (separate database).	GDPR Article 6 (1) f) - the <i>Insurer's</i> legitimate interest in the prevention and identification of insurance fraud.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	Article 17 (3) of the GDPR Enforcement of a legal claim under point e).
Prior to concluding the insurance contract, the <i>Insurer</i> checks any past arrears of premiums of its customers and, in the case of larger amounts of insurance, the customer's future ability to pay premiums (action taken to prevent concluding contracts with risky customers).	GDPR Article 6 (1) f) - the <i>Insurer's</i> legitimate interest in preventing it from concluding contracts with risky clients.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Concluding the Insurance Contract, amending and maintaining existing insurance contracts, as well as establishing premiums and receivables related to insurance contracts.	GDPR Article 6 (1) (b) - the conclusion and performance of the insurance contract.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Contacting the <i>Insurer's</i> customers by telephone for stock management purposes (e.g. information on how to communicate electronically, information on switching from check payment to another payment method).	GDPR Article 6 (1) (b) - the conclusion and performance of the insurance contract.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Assessing the need for insurance services, fulfilling the contract.	GDPR Article 6 (1) (b) - the conclusion and performance of the insurance contract.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Submission of protection against legal claims arising from an insurance contract.	GDPR Article 6 (1) c) - data management necessary for the fulfilment of the legal obligation to the <i>Insurer</i> (e.g.: Insurance Act, Civil Code, and other sectoral legislation).	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.

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Answering court and official inquiries related to the insurance contractual relationship.	GDPR Article 6 (1) c) - data management necessary for the fulfilment of the legal obligation to the <i>Insurer</i> (e.g.: Insurance Act, Civil Code, and other sectoral legislation).	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Assessing and evaluating the risks arising from the client's health condition, determining the insurance premium proportional to the risks.	Explicit consent of the data subject.	Natural identification data, Social Security number, answers to health questionnaires, health data, findings supporting health data, medical diagnoses and records.	In the case of concluded contracts, the health data are stored for the same period as the data related to the conclusion and maintenance of the insurance contract.
Termination of the insurance contract.	GDPR Article 6 (1) (b) - the conclusion and performance of the insurance contract.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Fulfilment of the obligation to keep accounting documents.	GDPR Article 6 (1) c) - fulfilment of the legal obligation related to the <i>Insurer</i> (legal obligation according to § 169 of the Accounting Act).	Personal data required for accounting documents.	8 years
Enforcement of the Claims of the Data Subject arising from the insurance contract	GDPR Article 6 (1) (b) - the conclusion and performance of the insurance contract.	Personal data provided by the Data Subject for concluding the contract or filling in the form, personal data generated during the performance of the insurance contract.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Direct Marketing and Newsletter.	Article 6 (1) (a) of the GDPR - Consent of the data subject.	Name, address, e-mail address and telephone number of the Data Subject.	Until the withdrawal of the consent or the existence of the <i>Insurer</i> .
Identification of the Persons Involved to the <i>Insurer</i> through any communication channel (by filling in a form on the website, in writing, by telephone or personal customer service) in order to enforce questions, requests or rights of the data subject in order to ensure that the <i>Insurer</i> communicates only to the identified party is eligible.	GDPR Article 6 (1) (b) - the performance of the insurance contract.	Name, birth name, mother's name, date of birth, identification document number, e-mail address, username and password required for identification in case of administration via electronic interface.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Data management related to claims management, insurance events and claim reporting documents: facilitating technical administration and faster administration and settlement of claims, as well as elimination of prescriptions and contacting the claimant to facilitate claims management by mail or telephone, including information and the <i>Insurer</i> can judge the legitimacy of the claim and the amount of indemnity required by the contract.	If the person requesting the service has a contractual relationship with the <i>Insurer</i> ( <i>Policyholder</i> , <i>Insured</i> or beneficiary), the legal basis for data processing is Article 6 (1) (b) GDPR - performance of the insurance contract. If the Data Subject is not in a contractual relationship with the <i>Insurer</i> (for example, in the case of liability insurance, the injured party), then the legal basis of the data management is the legitimate interest of the <i>Insurer</i> . If the processing of special categories of personal data (health data) pursuant to Article 9 of the GDPR is necessary for the administration of claims and the assessment of a claim for services (including the assessment of claims), the legal basis for the processing is the express consent of the data subject.	Name of the <i>Insured</i> ; name of the claimant party, address, telephone number of the contact person, e-mail address of the contact person, policy number, date of the damage event, photographs of the damaged property, data recorded during the damage inspection, cause of damage, estimated amount of damage, amount of damage, bank account number data.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.



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Recording a sound recording during telephone or personal customer service related to claims settlement, insurance events and claim reporting documents, the purpose of which is to recall the content of an oral statement, identify the person making the statement and the date of the statement in order to protect the rights of the participants.	GDPR Article 6 (1) (b) - the performance of the insurance contract.	Voice recording of a telephone conversation with a data subject or a call to a personal customer service, which may include the following information: Name of the <i>Insured</i> , name of the claimant party, address, telephone number of the contact person, e-mail address of the contact person, policy number, date of the damage event, photographs of the damaged property, data recorded during the damage inspection, cause of damage, estimated amount of damage, amount of damage, bank account number personal data recorded in the course of fulfilling a data processing purpose.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Facilitate technical administration and implement faster customer service, share personal data and insurance contract information with eligible Data Subjects.	GDPR Article 6 (1) (b) - the performance of the insurance contract.	Name, postcode, telephone number and other personal data required for identification.	Completed forms / other documents and the data contained in the answers to them will be stored for the same period as the data related to the conclusion and maintenance of the insurance contract.
Systematization of the customer's needs, requests, objections, questions, remarks, notifications related to the contract, receipt of claims, service claims and, following a telephone conversation, previous telephone conversations about the contract in the event of subsequent complaints and disputes reconstruction.	GDPR Article 6 (1) (b) - the performance of the insurance contract.	Name, postcode, telephone number and other personal data required for identification.	The <i>Insurer</i> may handle the data obtained as a result of the request for ninety days after the receipt. If during the above period the <i>Insurer</i> needs further retention in order to enforce a legal claim, the period of data processing specified above shall be extended pursuant to Article 6 (1) (f) GDPR until the final termination of the claim enforcement proceedings.
Description of individual or new and existing products tailored to the needs of customers, sending economic advertisements and newsletters.	Article 6 (1) (a) of the GDPR - Consent of the data subject.	Name, address, telephone number, e-mail address, details of the Existing's existing contracts (contract type and fee), contract expiry.	Until unsubscribed, cancelled.
To protect the interests of the risk community, to provide the services in accordance with the law and the contract, and to prevent abuse of insurance contracts.	GDPR Article 6 (1) (f) - legitimate interest of the <i>Insurer</i> .	Management of data required for the conclusion of the contract.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Regarding the data that can be contacted with the deceased contracting party or the <i>Insured</i> , the rights of the Data Subject may also be exercised by the heir of the deceased or the entitled person named in the insurance contract.	GDPR Article 6 (1) (c) - data management necessary for the fulfilment of the legal obligation to the <i>Insurer</i> . The Insurance Act. gives rise to the legal obligation.	Management of contract data	A claim can be enforced in connection with the heir relationship, but for at least 8 years.
Recording a sound recording during the sale of insurance by telephone (concluding an insurance contract by means of a telephone communication device), the purpose of which is to recall the content of a statement made over the telephone, identify the person making the statement and the date of the statement.	Article 6 (1) (a) of the GDPR - Consent of the data subject. If the Data Subject withdraws his / her consent after the recording of the telephone conversation, the legal basis for data processing is Article 6 (1) (f) of the GDPR - the legitimate interest of the <i>Insurer</i> .	Voice recording of a telephone conversation with the Data Subject, which may include the following data: name, postcode, telephone number, other personal data necessary for identification, personal data provided by the Data Subject for concluding a contract or filling in a form, personal data recorded during the data management purpose.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.

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Recording of an audio recording during the telephone inquiries of the <i>Insurer's</i> clients for stock management purposes (e.g. information on making electronic communications, information on switching from check payment to another payment method) to recall the content of the statement made over the phone, identify the person making the statement and the date of the statement to protect the rights of those involved in the conversation.	Article 6 (1) (a) of the GDPR - Consent of the data subject. If the Data Subject withdraws his / her consent after the recording of the telephone conversation, the legal basis for data processing is Article 6 (1) (f) of the GDPR - the legitimate interest of the <i>Insurer</i> .	Voice recording of a telephone conversation with a data subject, which may include the following data: name, postcode, telephone number, other personal data necessary for identification, personal data recorded during the fulfilment of the purpose of data management.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Ensuring the quality of the service provided by the <i>Insurer</i> , checking its quality, measuring customer satisfaction, recording customers' experiences with the <i>Insurer</i> .	GDPR Article 6 (1) (f) - legitimate interest of the <i>Insurer</i> .	Voice recording of a telephone conversation with a data subject, which may include the following data: name, postcode, telephone number, other personal data necessary for identification, personal data recorded during the fulfilment of the purpose of data management.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
Recording the audio material of a complaint received by the <i>Insurer</i> by telephone or during the use of personal customer service, the purpose of which is to recall the content of the oral statement, to identify the person making the statement and the date of the statement in order to protect the rights of the participants.	GDPR Article 6 (1) (c) - data management necessary for the fulfilment of the legal obligation to the <i>Insurer</i> . The legal obligation is set out in the Insurance Act. Section 159 (2).	Voice recording of a telephone conversation with a data subject, which may include the following data: name, postcode, telephone number, other personal data necessary for identification, personal data recorded during the fulfilment of the purpose of data management.	5 years from the recording of the sound recording. If the <i>Insurer</i> needs further retention to enforce a legal claim during the storage period of the phonogram, the period of data processing specified above shall be extended pursuant to Article 6 (1) (f) of the GDPR until the final termination of the claim enforcement proceedings.
Recording a voice recording for the <i>Insurer's</i> clients during telephone or personal customer service related to their insurance contract (e.g.: change of payment method, requesting a green card), the purpose of which is to recall the content of the oral statement, identify the person declaring and in order to protect their rights.	GDPR Article 6 (1) (b) - the performance of the insurance contract.	Voice recording recorded during a telephone conversation with a data subject or a conversation with the personal customer service, which may include the following data: name, postcode, telephone number, other personal data necessary for identification, personal data recorded during the purpose of data management.	It is managed during the existence of the insurance relationship and during the period for which a claim can be enforced in connection with the insurance relationship.
In the case of participation in individual prize games and promotions, a separate information on the handling of personal data will be placed in the game rules.			

We would like to draw your attention to the fact that in the case of group insurance policies sold to corporate clients, the personal data of natural persons designated as Insured are handled by the *Insurer* in compliance with the same data protection regulations as individual clients.

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[14] Data processors by recipient circles (point B.3.2.):

- domestic reinsurance undertakings located in a Member State party to the Agreement on the European Economic Area,
- electronic data processing service providers,
- IT (system maintenance, operator) service providers,
- information security and software development service providers,
- claims settlement and expert service providers,
- private investigators in claims settlement,
- medical experts in risk assessment and claims settlement,
- lawyers, law firms, debt collectors involved in claims settlement and collection

[15] Trustees, printing service providers. The *Insurer* may transmit data to third countries to the following recipients (point B.3.2.):

- *reInsurers*,
- healthcare institutions,
- healthcare providers,
- investigation authorities, prosecutor's office, court

[16] Contact details of the National Authority for Data Protection and Freedom of Information (point B.3.4.):

- office address: 1125 Budapest, Szilágyi Erzsébet fasor 22/c
- mail address: 1530 Budapest, Pf.: 5.
- telephone: +36-1-391-1400
- telefax: +36-1-391-1410
- [web address: www.naih.hu](http://www.naih.hu)
- [e-mail address: ugyfelszolgalat@naih.hu](mailto:ugyfelszolgalat@naih.hu)

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## C) General Terms and Conditions of Raiffeisen Bank Card Travel Insurance (GTC)

The *Insurer* undertakes, in return for a fee, to perform the Insurance service specified in the Contract in the event of a future *Insurance Event* specified in the Contract.

The *Insurer* undertakes to provide and organize the Insurance Services exclusively depending on the local conditions. The *Insurer* shall not be liable for the deficiencies of the services arising from the local conditions, as well as for the late performance.

### C.1. SUBJECTS OF THE CONTRACT

#### C.1.1 Insurer

The *Insurer* is UNIQA Biztosító Zrt. [1], which provides cover for risks against the insurance premium and undertakes to provide the Insurance Services specified in the Contract upon the occurrence of the *Insurance Event* following the risk bearing.

#### C.1.2. Policyholder

The *Policyholder* is the natural or legal person who has made an offer to conclude the Contract, pays the insurance premium and in this capacity is indicated on the Policy. The contracting party to this group insurance contract is Raiffeisen Bank Zrt.

#### C.1.3. Insured

The *Insured* is a natural person named in this regard in the Contract. A natural person who has a bank or credit card of the type specified in this clause issued by the *Policyholder* and travels abroad for private purposes (as a tourist or visitor) or for official purposes as a daily allowance or scholarship holder may be *Insured* under the insurance contract concluded between the *Policyholder* and the *Insurer*.

The *Insured's* enrolment into the *Insured Circle* is automatic for the following cards (hereinafter: "Built-in Travel Insurance"):

- MasterCard Business Silver, Gold (Oxigén), MC Gold, FWR Visa Gold, FWR MC Platina, Visa Business, MasterCard Business Premium World, MC Premium Gold, FWR MC World Elite, OneCard Gold, FWR Platina, Premium (Oxigén) Gold, MC Premium Platina, Premium VISA Gold, Visa Business Gold, Visa Gold debit, bank or credit card.

The *Insured* may apply for membership in the group of *Insured* persons only by making a declaration of accession (hereinafter: "Optional Insurance") for the following cards:

- Embossed Sokoldalú OKOSkártya. Embossed Start OKOSkártya, FWR MC, FWR Visa Classic, MasterCard Business, MasterCard Standard, MC VertiCard, Unembossed Sokoldalú OKOSkártya, Unembossed Start OKOSkártya, OneCard, OneCard Standard, Premium Sokoldalú OKOSkártya, Premium Start OKOSkártya, Standard (Oxigén), Széchenyi card, Visa Classic debit, bank or credit card.

The following persons cannot be *Insured* persons:

- persons working outside the territory of Hungary (hereinafter: **Abroad**) and their family members staying with them, as well as persons residing abroad for more than 90 days (hereinafter: **permanently**) and their family members staying with them for any reason,
- persons qualifying as foreigner, if they do not have the coverage specified in the legislation for medical treatment costs in Hungary (they do not have Hungarian Social Security card), or insurance suitable for equalization of these costs.

A natural person who does not have a valid official certificate issued by the competent Hungarian authority and therefore cannot have one is considered a foreigner.

#### C.1.4. Beneficiary

The Beneficiary of all Insurance Benefits involved in the life of the *Insured* is the *Insured* himself. The recipient of a death benefit is the heir of the *Insured*.



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## C.2. TERMS

### C.2.1. Terms related to the service of the Insurer

The following terms reflect the terms used in these insurance terms and conditions, the use of these terms in other areas or environments, which may have different content, is not applicable to this Contract.

*Accident:* a sudden external impact in the duration of the risk bearing, or during the *Trip*, against the will of the *Insured*, which causes bodily injury requiring emergency care or as a result of which the *Insured* dies.

*Illness:* Unforeseen damage to the *Insured's* health that occurred in the *Insured's* state of health, against the *Insured's* will, requiring emergency medical care.

*Insurance Event:* an event occurring within the *Insurance period* that is covered by the *Insurer's* risk bearing. The date of the *Insurance Event* is the day of the Accident or the Sickness.

*Insurance anniversary:* each year after the start of the Contract, the month and day specified in the Contract as the beginning of the risk bearing. Related to the Insurance anniversaries are, among other things, the right of termination, the settlement of the insurance premium, and the amendment of the content of the Contract.

*Insurance period:* in accordance with the agreement of the Parties, the period specified in the Contract in accordance with the *Insurance anniversary*, which is always one year, unless the Parties agree otherwise in writing. (The First *Insurance period* is the period from the beginning of the Contract to the first *Insurance anniversary*)

*Sum Insured:* The maximum amount of the insurance cover up to which the *Policyholder* or the *Insured* may assert a claim against the *Insurer*.

*Insurance Benefit:* The service provided by the *Insurer* for the *Insurance Event* that occurred within the given risk bearing period. The detailed definition of the *Insurance Events* and Benefits is contained in the CCP.

*Health care:* the totality of health activities provided by health care providers related to the given state of health of the *Insured* and its assessment.

*Extreme sports:* particularly risky sports activities, hobbies, such as, but not limited to, caving, diving, rock and climbing, bungee jumping, and emer-

gency use of motorized land, water, or motorized or non-motorized aircraft. - pursuing sports that require readiness and knowledge.

*Motor vehicle:* a passenger car or motorcycle registered by a Hungarian authority and with a valid Hungarian license plate and registration permit, not over 10 years of age from the first commissioning until the occurrence of the *Insurance Event*.

*Used value:* Assuming an average use for the normal function of a given item, a value determined based on the age of the item, the amount of which may not exceed the price at the time of purchase.

*Next of kin:* spouse, cousin, adopted, stepchild, foster parent, stepfather and foster parent, and brother, partner, cousin's spouse, cousin's spouse and sister's spouse.

*Framework contract:* Agreement between the *Policyholder* and the *Insurer* on the establishment of Raiffeisen Bank Card group travel insurance.

*Traffic accident:* an unexpected, unintentional traffic incident on or resulting from a public road in which at least one moving vehicle is involved and which results in property damage or personal injury or death.

*Abroad:* Country or territory outside the territory of Hungary.

*Air disaster:* The *Insured Passenger* is in the capacity of a Scheduled Passenger Aircraft with officially issued permits for this activity and the aircraft crashes or makes a forced landing after take-off.

*Physician:* A professional who is professionally engaged in the treatment of patients, the alleviation of complaints related to the Disease, and the prevention of Diseases at the level of individuals and is qualified for this and has a license in accordance with the laws of the given country.

*Robbery:* Unlawful theft in which violence or an imminent threat to life or physical integrity is used, or someone is placed in a state of unconsciousness or incapacity to defend, and in the case of theft, violence is used to keep things or an imminent threat to life or physical integrity.

*Emergency care:* a change in the state of health Healthcare, in the absence of which the *Insured* would be in immediate danger of life or suffer further deterioration of health or permanent damage to health.

*Benefit limit:* the *Benefit limit* set by the *Insurer* for each *Insurance period* in HUF. The services already used reduce the limit accordingly in the given *Insurance period*. The unused part of the *Benefit limit* cannot be carried over to the next *Insurance period*.

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*Benefit table:* The table in the insurance offer and in the Policy, which is used to detail the Insurance Benefits and the *Sum Insured*.

*Accessory:* A device that is necessary for the proper use or integrity of another thing or does not qualify as a component of any of its functions, whether marketed with or without the main item.

*Trip:* A *Trip* made by the *Insured* outside the 20 km radius of the permanent residence or place of residence in Hungary (verifiable address indicated on the address card) outside the borders of Hungary, using a means of travel, including return to the place of permanent residence. The journey made between the place of permanent residence and the place of work does not constitute *Trip*. The duration of the *Trip* may not exceed 90 days.

*Travel document:* the *Insured's* passport, identity card, address card, driving license and the registration certificate of the vehicle that the *Insured* drives legally during the *Trip*. For the purposes of these conditions, the visa contained in the Travel Document does not form part of the Travel Document.

*Baggage:* Property in the possession, custody or control of the *Insured* during the *Trip*.

## C.3. CONTRACT ESTABLISHED

The Insurance Contract is concluded for an indefinite period by a written agreement concluded between the *Insurer* and the *Policyholder*. Multiple insurances under these terms and conditions may not be established for the same period and for the same *Insured* Person, or the *Insurer* will provide services based on only one insurance.

The *Insurer's* risk bearing begins with the entry into force of the Contract.

## C.4. BEGINNING AND END OF RISK BEARING, SCOPE OF THE CONTRACT

In the case of bank card types that include Built-in travel insurance, the *Insurer's* risk bearing for the *Insured* Bank Card Holder shall start from 0 o'clock on the first bank card issue day and last until 24 o'clock on the bank card expiry date, provided the *Insurer's* risk bearing has not ceased for other reasons.

If — in the case of optional travel insurance for the bank card — the *Insured* initiates his / her entry into the insurance circle in writing, the *Insurer* shall bear the risk from 0 o'clock on the day following the date of signing this declaration of the *Insured*.

The *Insurer's* risk bearing is valid for a stay abroad of up to 90 days from the start of the *Trip* per *Trip*.

## C.5. TERRITORIAL SCOPE

The *Insurer's* risk bearing extends to any country in the world outside the territory of Hungary. In the case of Accidental Death and the Accidental Disability the territory of Hungary is also covered provided that the *Insurance Event* occurred during the *Trip* Abroad or when returning home from abroad.

In the case of a foreign *Insured*, the *Insurer's* risk bearing does not cover the *Insurance Events* that occurred in the territory of Hungary and the state (s) of the *Insured's* citizenship(s).

The territorial scope of the Agreement does not extend to the territory of Antarctica or to the territory of countries or territories which are not recommended travel destinations and territories published by the Ministry of Foreign Affairs of Hungary on the first day of risk bearing or entry into the country / territory.

## C.6. ASSISTANCE SERVICE PROVIDER

The Assistance Service Provider is the legal entity that has a contractual relationship with the *Insurer*, operates a 24-hour call service to report an *Insurance Event* and represents the *Insurer* in relation to assistance services during claims settlement.

In the performance of this insurance Contract, the *Insurer* enters into a Contract with a service provider of Europ Assistance Magyarország Kft. (1134 Budapest, Dévai u. 36–38., hereinafter: *Assistance Service Provider*) who operates the *Insurer's* hotline (+36 1 458 4484).

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## C.7. DURATION OF THE CONTRACT, PERIOD OF INSURANCE AND ANNUAL OF INSURANCE

The Contract is concluded for an indefinite period.

The *Insurance anniversary* is adjusted to the anniversary of the bank card in the case of the Built-in and Optional travel insurance as well.

The right of termination, the settlement of the insurance premium and the amendment of the content of the Contract are related to the Insurance anniversaries.

The *Insurance period* is a one-year period adjusted to the Insurance Anniversaries. If the Parties do not terminate the Contract in writing for the *Insurance anniversary* at least 30 days before the end of the *Insurance period*, the Contract shall be automatically renewed for another one-year *Insurance period* under unchanged conditions.

## C.8. NOTIFICATION OF THE INSURANCE EVENT

In the event of an Accident or Illness, the *Insurance Event* must be reported to the *Insurer* immediately, no later than within 24 hours on the following helpline: +36 1 458-4484

In the event of an Accident or Illness, the *Insured* shall bear the costs incurred up to a maximum of EUR 300 if the *Insured* failed to report the loss event within 24 hours due to its own fault. Phone conversations and online reports are recorded so they can be retrieved later.

The *Insured* / *Policyholder* is obliged to provide the *Insurer* with complete and truthful information regarding the circumstances of the *Insurance Event* and the Contract, as well as to enable the verification of the content of the notification and information.

The person claiming the insurance claim is obliged to answer the questions asked by the on-call employee of the Assistance Service Provider in full and in accordance with the reality.

The obligation of the *Insurer* shall not be fulfilled if the *Policyholder* or the *Insured* fails to notify the *Insurer* of the occurrence of the *Insurance Event* within the term established in the Contract, does not provide the necessary

information or does not allow checking the content of the information, and therefore the *Insurer's* obligation the relevant circumstance becomes undetectable.

### C.8.1. Documents required to perform the service

In case of a loss event, the *Insurer* may request the presentation of documents that are suitable for proving the loss event. The *Insurer* makes the due date of the performance of its service conditional only on the presentation of a document that is necessary to prove the occurrence of the *Insurance Event* and to determine the extent of the service to be performed. The documents required for the performance of the service are included in Appendix 2.

### C.8.2. Performance of the Insurer's service

The *Insurer* is obliged to perform the service on the basis of the announced request, within 15 days from the receipt of the last document necessary for the assessment of the service, if the legal basis exists and the amount can be established, or sends written information about its rejection together with the reasons. If the documents requested by the *Insurer* are not submitted despite the invitation or are incomplete again, the *Insurer* may reject the service request or assess it based on the available documents. The *Insurer* and the Assistance Service Provider undertake to communicate with the *Insured* or the person acting on behalf of the *Insured* in Hungarian or English. In case of dispute, the statements made in Hungarian shall prevail.

If the use of the service related to the loss event – for reasons attributable to the *Insured* – was not organized or approved by the *Insurer* or the Assistance Service Provider, the service of the *Insurer* shall not cover the reimbursement of the resulting additional costs.

**The *Insurer* shall reimburse the costs certified by the invoice up to the amount indicated in the *Benefit table*. The *Insurer* shall reimburse the amount of value added tax paid only based on an invoice on which the amount of value added tax has been indicated or from which the amount can be calculated.**

The *Insurer* pays the payment in HUF, in case of assistance services in kind. In the event of payment in foreign currency, the *Insurer* shall convert the

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amount into HUF at the MNB (Central Bank of Hungary) central rate valid on the day of payment of the service amount.

The *Insurer* shall pay the payment for the service with the *Sum Insured* in the forint currency by bank transfer. The *Insurer* undertakes to transfer the *Sum Insured* in HUF by post only to the Hungarian address.

### C.9. INSURANCE PREMIUM, RULES OF PAYMENT OF PREMIUMS

#### C.9.1. Payment of the insurance premium

The insurance premium is the consideration for the *Insurer's* risk-bearing, which must be paid by the *Policyholder*.

The *Policyholder* is obliged to pay the insurance premium to the *Insurer* within 90 days from the beginning of the risk bearing. In the case of claims incurred in the period between the beginning of the risk bearing and the payment of the premium on time, the *Insurer* has a service obligation.

Preliminary premiums for the *Insurance periods* of the Contracts are due in advance on the first day of each *Insurance period*.

The *Policyholder* undertakes to pay the insurance premium in one amount for the *Insured* declared in the given *Insurance period*.

The Insurance premium is due on the start date of the risk bearing, on the first day of the *Insurance period* to which the fee applies.

#### Payment can only be made by bank transfer.

The insurance premium shall be deemed to have been paid when it has been received in full in a clearly identifiable manner on the *Insurer's* specified account.

The *Insurer* is entitled to the insurance premium for the entire duration of the risk bearing - until the end of the last calendar month.

Payment of an amount higher than the due instalment does not create the right to additional benefits. The *Insurer* treats the added premium sur-

plus as an interest-free premium advance and includes it in the next due instalment.

The *Insurer* shall not accept the partial payment of the insurance premium, unless otherwise agreed; the *Insurer* returns the partially paid insurance premium to the *Policyholder* interest-free and acts in accordance with the rules on non-payment of the premium (clause C.11.1)

In the case of Built-in insurance, the Bank does not transfer the part of the insurance premium due to the *Insured* towards the *Insured*.

In case of optional insurance, the *Policyholder* transfers the part of the insurance premium due to the *Insured* towards the *Insured*.

#### C.9.2. Adjustment between parties, data disclosure, change reporting

The detailed rules of premium adjustment, data disclosure and change reporting between the Parties and other agreements between the Parties are contained in the Framework Agreement.

The *Policyholder* is obliged to notify the *Insurer* of any changes that have occurred during the given period - affecting the *Insured* - in the manner, with data content and within the term specified in the Framework Contract. A new *Insured* may be notified to the Contract at any time during its term.

If the *Policyholder* fails to pay the continuous premium of the Contract when it is due and the premium has not been agreed with the *Insurer* in writing, the *Insurer* shall, with a warning of the consequences, call the *Policyholder* in writing by setting an additional deadline of 20 days from the dispatch of the notice. Upon the unsuccessful expiration of the additional term, the Contract shall terminate with retroactive effect to the due date, unless the *Insurer* enforces the premium claim in court without delay.

#### C.9.3. Other rules for fee modification

The *Policyholder* shall notify the *Insured* in writing of any changes in the insurance premium or the terms and conditions of the Insurance Service no later than 45 days before the *Insurance anniversary*. The *Insured* must declare whether to accept the indicated change no later than 30 days before the anniversary.



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If the *Insured* does not wish to maintain the Contract with the amendments announced by the *Policyholder*, he / she may terminate the Contract for the *Insurance anniversary*, with 30 days' notice before the anniversary. Following the rejection of the amendment, the insurance contract shall terminate at the end of the day preceding the entry into force of the amendment.

If the *Insured* does not declare or accept it by the deadline indicated above, the *Policyholder* is obliged to pay the changed insurance premium with effect from the date of the *Insurance anniversary*.

## C.10. AMENDMENT OF THE CONTRACT

### C.10.1. Common agreement

The Parties may amend the content of the Agreement by mutual agreement in writing. Amendments to the Agreement may be initiated in writing by either party.

### C.10.3. Increase in insurance risk

If the *Insurer* becomes aware of the material circumstances affecting the Contract after the conclusion of the Contract, the *Insurer* may make a proposal to amend the Contract within 15 days or, if it does not assume the risk under the Contract, terminate the Contract in writing for 30 days. An additional condition of the *Insurer's* right to propose an amendment or terminate the Contract is that the circumstances known or changed subsequently result in a significant increase in the insurance risk. If the *Policyholder* does not accept the amendment proposal or does not respond to it in writing within 15 days, the Contract shall be terminated on the 30th day after the notification of the amendment proposal, if the *Insurer* has drawn the *Policyholder's* attention to this consequence when making the amendment proposal.

If the *Insurer* does not exercise the right to amend / terminate the above Contract, a Contract with the original content remains in force.

## C.11. TERMINATION OF THE CONTRACT, TERMINATION OF RISK TAKING

The Contract - and thus the *Insurer's* risk bearing - shall be terminated in any of the following cases.

### C.11.1. Failure to fulfil the premium payment obligation

If the due insurance premium is not paid, the *Policyholder* shall be called upon to perform in writing, setting an additional deadline of 20 days from the sending of the notice, in addition to warning of the consequences. Upon the unsuccessful expiry of the additional term, the Contract shall be terminated retroactively, at the end of the last day of the period covered by the premium, unless the *Insurer* enforces the premium claim in court without delay.

In the event of late payment of the insurance premium, the *Insurer* may limit or suspend the Insurance Service from the date of the delay.

If the Contract has a regular fee and the *Policyholder* does not pay the valid premium (instalment of the Contract) to the *Insured* for whom the due premium has been determined by the *Insurer* on the basis of the data provision (report), the *Insurer* shall pay the risk for the first arrears. (premium instalment) to these *Insureds* up to and including the due date. If the *Policyholder* fails to pay the arrears within this period, and the Parties do not agree on a deferral, the Contract shall be terminated retroactively to the date of the due date for these *Insured* as defined in point C.12 (b).

### C.11.2. Termination of the Policyholder without successor

If the *Policyholder* terminates without a legal successor, the Contract shall terminate on the expiry of the date of termination indicated in the relevant decision

### C.11.3. Regular notice

The *Insured* and the *Insurer* may terminate the contract of indefinite duration in writing no later than 30 days before the end of the *Insurance period* by the end of the *Insurance period*.

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#### C.11.4. Common agreement

The Contract may be terminated at any time by mutual agreement of the Parties.

#### C.12. ELIMINATION OF RISK ASSUMPTION FOR THE INDIVIDUAL INSURED

The *Insurer* shall cease to bear the risk in respect of the *Insured* Cardholder:

- a) upon termination of the insurance contract between the *Policyholder* and the *Insurer*, at 24:00 on the day of termination
- b) by non-payment of the insurance premium
- c) at 24:00 on the day of termination of the bank card contract to which the insurance according to these insurance terms and conditions is linked or if the bankcard contract contains several bankcards, the part of the bankcard contract related to the bankcard to which the insurance according to these insurance terms and conditions is related,
- d) with the death of the *Insured*, the date of death
- e) if the *Insured* requests the termination of the insurance coverage of the person for the *Insurance anniversary* (bank card anniversary) by a written or fixed line statement 30 days before the *Insurance anniversary*.
- f) in the case of a Contract concluded by distance selling, the *Insured* is entitled to terminate it with immediate effect within 14 days from the date of making the declaration of accession, without giving reasons.

The termination of the Insurance does not affect the assessment of ongoing or pending claims related to the *Insurance Events* that occurred before the termination.

#### C.13. RIGHTS AND OBLIGATIONS OF THE PARTIES

##### C.13.1. Other obligations of the Policyholder and the Insured

###### I. Communication and information obligation

Both the *Policyholder* and the *Insured* have a notification obligation, according to which, at the time of concluding the Contract, they are all obliged to inform the *Insurer* of all relevant circumstances for the acceptance of the Contract that they knew or should have known.

By giving true answers to the written questions of the *Insurer*, the *Policyholder* and the *Insured* fulfil their obligation to communicate. The *Policyholder* and the *Insured* authorize the *Insurer* to verify the reported data.

###### II. Change report obligation

The *Policyholder* must inform the *Insurer* within 5 days of any changes in his / her data and legal status (especially name, headquarter office, e-mail address, telephone number). In the event of failure to do so, the legal consequences shall be borne by the *Policyholder*. In case of failure to report, the *Insurer* may legally send a statement to the last address known to it, including the email address.

###### III. Claim reporting (Reporting a loss event)

The STC contains the process of using the Insurance Benefit and a detailed description of the documents required for performance.

##### C.13.2. The Insurer's right of revision

The *Insurer* may use its own medical expert to assess the need for the service. The medical expert of the *Insurer* has the right, among other things, to override the necessity and justified duration of the medical treatment in terms of the performance of the service.

The findings of the *Insurer's* medical expert are independent of the findings of any other medical or social security body or body, as well as other medical experts, and the *Insurer* bases its assessment on the opinion of its own medical expert.

##### C.13.3. The Insurer's obligation

###### Obligation to inform

The *Insurer* is obliged to:

- a) to provide the *Policyholder* in full with all necessary information relating to the Contract, any change affecting the Contract;
- b) upon the *Insured's* request, inform the *Insured* about the status of the settlement and payment of the notified service request, as well as about any obstacles to them.

###### Performance obligation

The *Insurer* provides the services undertaken in the Contract in accordance with the terms and conditions of the Contract valid at the time of the oc-

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currence of the *Insurance Event* and the provided group membership data. In order to verify the risk bearing of the *Insured* concerned, the *Insurer* shall request the necessary data from the *Policyholder* and may also request the possibility of retrospective verification of the data of the *Insured's* portfolio. **The *Insurer's* service obligation is not fulfilled if force majeure (an unforeseeable, unavoidable external obstacle unforeseen by the *Insurer*) excludes or restricts the performance.**

If the legal basis exists, the *Insurer* shall provide the financial services within 15 days from the receipt of the last document necessary for the assessment of the claim. If the documents requested by the *Insurer* are not submitted despite the invitation or incompletely, the *Insurer* will assess the service request based on the available documents 30 days after the sending of the invitation. The *Insurer* shall pay the interest-free payments due to the late submission of the service request or the documents necessary for its fulfillment without interest.

## C.14. EXEMPTIONS AND EXCLUSIONS

### C.14.1. Illegal, intentional acts, gross negligence

The *Insurer* is exempted from the obligation to provide the service (in whole or in part) if:

- the costs incurred as a result of the *Insurance Event* are reimbursed by another obligor (e.g. contract between countries, social security, other insurance - liability, travel insurance, except for accident insurance;
- if the *Insurer* has indemnified the loss, it has the rights that belonged to the *Insured* against the person responsible for the loss, unless the next of kin of the *Insured* living in the same household as the *Insured* caused the loss by their careless behaviour..

It is considered to be a serious negligence in particular:

- if that fact has been established by a decision of a court or other authority;
- if the event occurred in connection with the *Insured's* intentionally committed crime;
- if the event was directly related to the *Insured's* state of being heavily intoxicated or intoxicated, intoxicating, narcotic or other similarly active in excess of the blood alcohol level of 2.5 per thousand or the air alcohol level of 1.26 mg / l or his dependence on toxic substances;

- if the event occurred in a direct causal connection with the *Insured's* driving without a valid license or in a state of alcohol;
- if the *Insured* performed his / her activity in the absence of personal, material, technical, technical, IT conditions and safety equipment specified in the law or other mandatory regulations, and the loss occurred in relation to these circumstances

Conditions as set in point B.4. arise

### C.14.2. General exclusions

Unless otherwise stipulated, the *Insurer's* risk bearing does not cover *Insurance Events* that are directly or indirectly related to the following, which are caused in whole or in part by the following activities or participation in the following activities, or to which the following reasons have contributed:

- direct or indirect effects of radiation or nuclear radioactive energy considered to be ionizing according to law,
- nuclear energy, the damaging effect of the released nuclear energy, injuries caused by magnetic / electromagnetic fields;
- war, acts of war, civil war, internal riots, inter-state war, acts of foreign hostilities, riots, coup or attempted coup against government, riot, revolution, rebellion, demonstration, parade, strike, riot, local act, workplace disorder (except provisions set in *Accident due to Terrorism* of the present Terms and Conditions),
- Accidents suffered by non-powered and powered airplanes, flying structures, kites, during all types of parachute jumps and as aircraft crew,
- acts caused by biological weapons,
- *Insured* any mental disorder, abnormal state of mind,
- Suicide or attempted suicide of the *Insured*, withdrawal of medication, alcohol or drugs, or alcoholic condition of the *Insured*.
- *Insurance Event* as a result of the *Insured's* illnesses, which illness occurred within the six weeks prior to the start of the *Trip* and / or existed before the start of the *Trip*.
- insurance *Event* occurring during participation in national, international sports competitions or in preparation for or training,
- *Insurance Events* in connection with the pregnancy at the 25th week (any stage thereof),
- the *Insurance Event* occurring as a result of the *Insured Person's* illnesses, which illness occurred within six weeks prior to the com-

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mencement of the *Trip* and / or existed before the commencement of the *Trip*.

- an event related to the carrying or use of a weapon during the *Insured's* armed service.
- any sporting activity in a sport in which the *Insured* is a professional athlete,
- extraordinary training and knowledge involving particularly risky sports activities, hobbies (Extreme sports), in particular caving, diving, rock and climbing, bungee jumping and the use of motorized land, water or motorized or non-motorized aircraft an *Insurance Event* that occurred while pursuing presumptive sports,
- The insurance coverage also covers the following active leisure and hobby activities exclusively for the *Insured* with FWR MC Platinum, FWR MC World Elite, FWR Platinum, MC Premium Platinum bank cards issued by Raiffeisen Bank Zrt: hydrospeed, trekking, water tour, sea kayaking, wave ski surfing, wakeboarding, kitesurfing, windsurfing, sailing, jet skiing, water skiing, parasailing.
- Use of any weapon.

The Insurance also does not cover:

- consequential claims,
- non-pecuniary damages, damages or legal consequences arising from the violation of the rights of the person under the legislation of the country where the *Insurance Event* occurs,
- costs incurred due to late performance of the obligations of the Policyholder or the *Insured* arising from this Contract.

#### C.14.3. Violation of the obligation to notify or notify changes

In the event of a breach of the *Policyholder's* or the *Insured's* obligation to notify or notify of the change, the *Insurer's* obligation shall apply only if it is proved that the silenced or unreported circumstance did not contribute to the occurrence of the *Insurance Event* or the health insurance service, if 5 years have already elapsed from the beginning of the risk bearing for the *Insured* - in the case of a change notification obligation - from the expiry of the reporting deadline - until the occurrence of the *Insurance Event*. In all other cases of violation of the notification or change notification obligation, the *Insurer* shall be released from its service obligation.

If the Contract applies to several persons and the breach of the obligation to notify or notify of changes occurs only in connection with some of them,

the *Insurer* may not plead the breach of this obligation in the case of unaffected persons.

The obligation to notify is incumbent on both the *Policyholder* and the *Insured*; none of them may invoke a circumstance which either of them failed to disclose to the *Insurer*, even though it should have been aware of it and would have been obliged to disclose or report it. The obligation to notify changes shall be incumbent on the *Policyholder*.

#### C.14.4. Premium refund

In the event of the *Insurer's* exemption, the *Policyholder* shall not be entitled to any refund of the insurance premium.

## C.15. OTHER PROVISIONS

#### C.15.1. Provisions significantly different from the law, standard or previous contractual practice

This section contains the provisions of the Contract that differ from the usual contractual practice and the provisions of the Civil Code. differ significantly from the provisions of.

- In accordance with the provisions on contact and legal notices the Parties may also communicate with each other by e-mail as set out in Section B.1.
- According to the rules on limitation of claims arising from the Contract, the limitation period is 2 years instead of the general 5 years as set out in points B.7. and B.6.
- The *Insured* may not replace the Policyholder in accordance with point C.1.3.
- The Contract may only be concluded in writing in accordance with B.1.1. and C.3. points.
- In case of non-payment of premiums, the *Insurer* may limit the service – during the additional deadline for the execution of the payment – or suspend the service according to point C.11.1.
- Payment may only be made by bank transfer as set out in point C.9.1.
- In respect of each *Insured*, the insurance cover is terminated as described in point C.12.



## D) Special Terms and Conditions of Raiffeisen Bank Card Travel Insurance ("STC")

### D.1. INSURANCE EVENTS

The *Insurer* shall perform in the event of the occurrence of the *Insurance Events* specified in this section, provided that the insurance coverage of the Contract covers the given *Insurance Event*. The condition for the performance of the service is that the *Insurance Event* occurs during the period of risk bearing or the period of the Insurance Benefit.

#### D.1.1 Accident and Illness

##### Accident

During the Contract, sudden external mechanical or chemical effects during the *Trip*, against the will of the *Insured Person*, as a result of which during the Contract causes anatomical damage certified by a Doctor, which acutely justifies a targeted curative intervention, or within one year dies or suffers bodily injury or damage to health.

Not classified as Accident: encephalitis and / or encephalitis due to polio and tick bites, rabies, tetanus infection, any infection transmitted by humans or animals or other living organisms, even if caused by an accidental physical cause of frostbite. In a direct causal context, an anatomical lesion cannot be determined from the available medical records.

##### Illness

A sudden, unexpected, unfavourable change in the health status of the *Insured* during the *Trip* - an acute illness - which causes urgent deterioration of health due to urgent Medical Assistance or Medical Care, may lead to death. The *Insurer's* service obligation does not apply to complaints, illnesses that have occurred within the six months prior to the start of the *Trip*, as a result of an Accident or Illness requiring Medical Treatment. The services of the *Insurer* relate to the *Insured's* Accident and Serious Illness.

Decision on the service: the medical emergency manager to be called on the emergency number makes a decision from a medical point of view, on the form and type of the *Insurer's* service.

The *Insurer* shall reimburse the justified costs of basic care – without the option to choose a doctor - that is considered as standard at the place of using the service considering the average tariffs of healthcare providers. The *Insurer* has the right to organize the continuation of the already started Health Care in another institution designated by the *Insurer*, if the health condition of the *Insured* is not endangered. The *Insurer* reserves the right to cover the costs of the Medical Treatment Abroad only until the *Insured's* state of health allows him / her to be transported to or travel home to the territory of the country of residence. The *Insurer* does not undertake to reimburse the additional costs incurred as a result of the fact that, although medically permissible, the *Insured* did not travel home or repatriate due to his/her decision or lack of cooperation.

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### Death due to accident

Definition of Insurance Event	In the event of the death of the <i>Insured</i> as a result of an Accident during the <i>Trip</i> , the <i>Insurer</i> shall pay the <i>Sum Insured</i> indicated in the <i>Benefit table</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>☒ Accidents occurring in a causal context of the <i>Insured's</i> mind or consciousness disorder.</li><li>☒ Accidents suffered by the <i>Insured</i> in the course of committing or attempting to commit an intentional criminal offense.</li><li>☒ Infections not related to the Accident; Diseases caused by insect bites from infections not native to Europe.</li><li>☒ Poisoning and injuries due to the intentional ingestion of solid, liquid, gaseous substances, including drugs.</li><li>☒ Non-accidental bleeding and stroke.</li><li>☒ Competitive sports, accidents during training.</li></ul>

### Disability due to accident

Definition of Insurance Event	<ul style="list-style-type: none"><li>■ In the event of permanent impairment to the <i>Insured's</i> health resulting from an Accident during the <i>Trip</i>, the <i>Insurer</i> shall pay the <i>Sum Insured</i> specified in the <i>Benefit table</i> in proportion to the extent of the damage to health.</li><li>■ Permanent impairment damage to health is damage to health that is directly causally related to an accident and leads to permanent (permanent) damage to physical or mental performance.</li></ul>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>☒ Accidents occurring in a causal context of the <i>Insured's</i> mind or consciousness disorder.</li><li>☒ Accidents suffered by the <i>Insured</i> in the course of committing or attempting to commit an intentional criminal offense.</li><li>☒ Health impairment due to medical treatment or intervention (unless it was necessary due to an Accident covered by the Contract).</li><li>☒ Infections not related to the Accident; Diseases caused by insect bites from infections not native to Europe.</li><li>☒ Poisoning and injuries due to the intentional ingestion of solid, liquid, gaseous substances, including drugs.</li><li>☒ Abdominal or lower body hernia (elevation) if not causally related to the Accident.</li><li>☒ Non-accidental bleeding and stroke.</li><li>☒ Competitive sports, accidents during training</li></ul>

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### Disability due to accident

Limit	Sum Insured in the benefit package according to the <i>Benefit table</i> in proportion to the extent of the disability			
	■ Total loss of vision on both eyes	100%	■ Loss of thumb	20%
	■ Total loss of vision on one eye	50%	■ Loss of index fingers	10%
	■ Total loss of hearing of both ear	60%	■ Loss of other fingers one by one	5%
	■ Total loss of hearing of one ear	30%	■ Total loss or incapacity of one leg above the mid-thigh	70%
	■ Total loss of sense of smell	10%	■ Total loss or incapacity of one leg to the mid-thigh	60%
	■ Total loss or incapacity of sense of taste	5%	■ Loss of one leg to the knee	50%
	■ Total loss or incapacity of one arm from the shoulder joint	70%	■ Loss of one leg below the knee	45%
	■ Total loss or incapacity of one arm above the elbow	65%	■ Loss of foot	40%
	■ Total loss or incapacity of one arm below the elbow	60%	■ Loss of big toe	5%
	■ Total loss of one hand	55%	■ Loss of another toe	2%
Comments	■ The percentage of disability or damage to health in the event of loss or incapacity of the listed body parts and organs is determined linearly based on a medical examination considering all the circumstances.			
	■ In the event of partial loss or impairment of body parts or sensory organs, the appropriate percentage given in the table may be considered.			
	■ In case of loss or impairment of organs or body parts not fixed in the table, the <i>Insurer's</i> medical expert shall determine the extent to which the normal physical or mental performance of the <i>Insured</i> has decreased.			
	■ If several functions have decreased as a result of the same Accident, the degrees of disability determined according to the table are added together.			
	■ The determination of the <i>Insurer's</i> medical expert is independent of the determination of any other medical and social security body. If during the Accident, functions or parts of the body are injured, the functionality of which was already reduced before the Accident, the amount of the previous disability will be deducted in determining the service according to the table.			
	■ The extent of the permanent impairment to health will be definitively determined one year after the <i>Insurance Event</i> , within this period - an advance payment may be made, considering the expected claim.			
	■ In case of permanent disability to health, the <i>Insured</i> is entitled to review its condition annually, but not later than for the second year following the <i>Insurance Event</i> , and to report a claim for services in case of deterioration.			
	■ If the <i>Insured</i> dies within one year as a result of an Accident, disability benefit cannot be claimed, the amount already paid will be deducted from the death amount.			

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### Costs of emergency medical treatment

Definition of Insurance Event	If the <i>Insured</i> becomes hospitalized or outpatient during the <i>Trip</i> due to an Accident or Illness, the <i>Insurer</i> will organize the Medical Treatment and assume the related costs (medical examination, medicines) up to the amount specified in the <i>Benefit table</i> . The <i>Insurer</i> undertakes to procure and make available to the <i>Insured</i> or his / her doctor the medicines that become necessary after the occurrence of the above <i>Insurance Event</i> , which cannot be obtained on the spot.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>✗ The <i>Insured</i> participates in the <i>Trip</i> despite the Medical Advice.</li><li>✗ Purpose of the <i>Trip</i> is participation in medical treatment, counselling healthcare.</li><li>✗ Treatments that have been under medical treatment or supervision during the six months immediately preceding the <i>Trip</i> abroad.</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li><li>■ The <i>Insurer</i> undertakes to cover the hospital inpatient treatment for a maximum of 30 days in total during the <i>Insurance period</i>, regardless of the number of <i>Insurance Events</i>.</li><li>■ In case of a dental complaint, the <i>Insurer</i> will reimburse the cost of the treatment only in case of urgency to the extent specified in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ In case of purchasing medicines, the <i>Insurer's</i> service covers only the costs of organization, delivery and customs clearance, not the price of the medicine and the related costs (customs, taxes, etc.).</li><li>■ The <i>Insurer</i> does not undertake the organization of healthcare and direct reimbursement to the provider for dental care.</li><li>■ The <i>Insurer</i> undertakes to cover emergency pregnancy or maternity care up to the end of the 24th week of pregnancy and up to the amount indicated in the <i>Benefit table</i>.</li></ul>

### Transporting and transferring to doctor or hospital

Definition of Insurance Event	<ul style="list-style-type: none"><li>■ During the <i>Trip</i>, the <i>Insurer</i> will arrange for the transfer of the <i>Insured's</i> Accident or Illness to another hospital, place of residence or the hospital closest to the place of residence, which is medically expedient and necessary, and will assume other costs related to the Illness / Injury.</li><li>■ The insurance also covers air transit. This means transport in which the patient is transferred from the hospital that first cared for him to a central hospital or to a ward specializing in a special area with sufficient facilities for aftercare.</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ It is always the Assistance Service Provider's physician who decides – even by consulting the injured person's doctor – on the appropriate service and means of transport.</li></ul>

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### Hospital cash benefit

Definition of Insurance Event	The <i>Insurer</i> provides a daily indemnity to the <i>Insured</i> for the period of hospital stay (inpatient care) exceeding 24 hours that becomes necessary due to an Accident or Illness that occurs during the <i>Trip</i> . The benefit provided by the <i>Insurer</i> is equal to the sum of the daily indemnity amount and the number of nights spent in the hospital.
Limit	<ul style="list-style-type: none"><li>■ The sum <i>Insured</i> of the given benefit package shown in the <i>Benefit table</i>.</li><li>■ The <i>Insurer</i> provides the daily indemnity for a maximum of 30 days within an <i>Insurance period</i>.</li></ul>

### Costs of accident due to terrorism

Definition of Insurance Event	<p>If the <i>Insured</i> becomes injured, and thus needs medical treatment abroad or dies abroad during the <i>Trip</i>, the <i>Insurer</i> undertakes to reimburse the following costs and services incurred as a result of the terrorist act, provided that the <i>Insured</i> did not actively or intentionally participate in the terrorist act:</p> <ul style="list-style-type: none"><li>■ Emergency Medical Treatment Costs</li><li>■ Costs of repatriating an injured person</li><li>■ Costs of repatriating of mortal remains</li><li>■ Accidental death (also in case of air disaster)</li></ul>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>☒ At the time of the occurrence of the <i>Insurance Event</i>, the <i>Insured</i> was in the given area despite the prohibition published by the local authorities.</li><li>☒ Active participation of the <i>Insured</i> in the terrorist act.</li><li>☒ On the day of the start of the <i>Trip</i> the country of destination was among the countries that were not recommended for travel or was considered as dangerous country as defined by the Ministry of Foreign Affairs.</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Insurer</i> undertakes to provide the services up to a maximum of HUF 1,000,000 per <i>Insured</i>.</li><li>■ The <i>Insurer</i> undertakes to provide the services up to a maximum of HUF 20,000,000 for all <i>Insured</i> persons who have been injured in a terrorist act and who have joined the travel insurance contract valid with the <i>Insurer</i> for a given period..</li></ul>
Comments	<ul style="list-style-type: none"><li>■ If all services related to the <i>Insured</i> reach the limit of HUF 20,000,000, the indemnity will be paid per Contract in the same proportion as the HUF 20,000,000 and the actual total loss are disproportionate.</li></ul>



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### Ski pass reimbursement

Definition of Insurance Event	<p>If the <i>Insured</i> receives emergency medical care during the <i>Trip</i> and is therefore unable to ski or snowboard within the remaining validity period of the ski pass, the <i>Insurer</i> will reimburse the price of one unused ski pass - purchased before the Accident or Illness.</p> <p>The <i>Insurer</i> provides the benefit if the <i>Insured</i> receives immediate emergency medical care abroad as follows:</p> <ul style="list-style-type: none"><li>a) due to an accident,</li><li>b) due to an Illness involving hospital inpatient care,</li><li>c) due to an illness or accident as a result of which the <i>Insurer</i> repatriates the <i>Insured</i> to the territory of the country of residence for the purpose of continuing medical care after the emergency care abroad.</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li><li>■ One unused ski pass.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ The <i>Insurer's</i> service covers the days not covered by the Contract in proportion to the unused period, but only for the days covered by the Contract.</li></ul>

### Medical repatriation

Definition of Insurance Event	<ul style="list-style-type: none"><li>■ If during the <i>Trip</i> the <i>Insured</i> needs immediate patient transport due to an Accident or Illness, the <i>Insurer</i> will organize the assistance with the help of the Assistance Service Provider and will bear the costs. In this case, the insurance also covers special helicopter or airplane patient transport. Within the <i>Sum Insured</i>, the <i>Insurer</i> may provide cover for medically necessary air transport of patients to the place of residence or to a hospital with equipment especially suitable for the special case of illness or accident.</li><li>■ The insurance also covers the costs of repatriation. If the <i>Insured</i> is transported back from abroad on a scheduled flight, the <i>Insurer</i> shall bear the additional costs of an accompanying family member living in the same household as the <i>Insured</i>, if this is medically justified.</li><li>■ In the case of ambulance transport, an accompanying person may also join the patient, if the local conditions on the aircraft allow it and it is medically justified.</li></ul>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>☒ <b>The <i>Insurer</i> does not undertake to reimburse the costs of repatriation if the repatriation was not organized by the Assistance Service Provider.</b></li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ The cover includes in-flight care and medical care, including the cost of other necessary rescue equipment, provided that the <i>Insured</i> Person is in imminent danger of life or serious damage to health.</li><li>■ It is always the Assistance Service Provider's physician who decides on the appropriate service and means of transport.</li></ul>

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### Repatriation of mortal remains

Definition of Insurance Event	If the <i>Insured</i> dies as a result of an Accident or Illness during the <i>Trip</i> , the <i>Insurer</i> will organize the repatriation of the mortal remains to the Hungarian burial place or place of residence at the request of the Relatives or will assume the costs of the funeral abroad.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	✗ <b>The <i>Insurer</i> does not undertake to reimburse the costs of repatriation if the repatriation was not organized by the Assistance Service Provider.</b>
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> ..

### Reimbursement of coffin costs

Definition of Insurance Event	If the <i>Insured</i> dies during the <i>Trip</i> within the term of the insurance and the legislation of the place of death requires the transport of the remains in a coffin, the <i>Insurer</i> shall organize and pay for the purchase of a coffin in accordance with international standards up to the <i>Benefit limit</i> specified in the <i>Benefit table</i> .
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .

### Search and rescue

Definition of Insurance Event	If the <i>Insured</i> has to be searched or rescued during the <i>Trip</i> due to an Accident or Illness, the <i>Insurer</i> will organize the most effective assistance possible and will therefore take over the costs specified in the <i>Benefit table</i> . As part of this, the <i>Insurer</i> will reimburse the certified costs of locating the <i>Insured</i> Person and transporting him or her to the nearest hospital. If medically justified or necessary due to the location of the Accident, rescue can be performed in any way.
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .

### Accommodation costs due to extension of stay

Definition of Insurance Event	If the <i>Insured</i> suffers an Accident or Illness during the <i>Trip</i> that does not allow for proper patient transport or the <i>Trip</i> home to the permanent place of residence cannot be started at the originally planned time, the <i>Insurer</i> may organize and reimburse the reasonable and certified costs of the stay for up to two accompanying persons who must stay with the <i>Insured</i> up to the amount or period indicated in the <i>Benefit table</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	✗ <b>The <i>Insurer's</i> service does not cover the costs of returning abroad.</b>
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .

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### Sick visiting

Definition of Insurance Event	If the <i>Insured</i> becomes hospitalized for more than 10 days due to an Accident or Illness during the <i>Trip</i> , the <i>Insurer</i> will arrange for a person to travel to the place of the hospital stay and from there back to his / her place of residence in Hungary.
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .

### Reimbursement of accommodation costs during a hospital stay of a minor passenger

Definition of Insurance Event	The <i>Insurer</i> shall reimburse the reasonable cost of any additional stay and accommodation required by the <i>Insured's</i> minor close relative traveling with the <i>Insured</i> as a result of emergency hospital care due to an Accident or Illness during the <i>Trip</i> , up to the amount or period indicated in the <i>Benefit table</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	☒ The <i>Insurer's</i> service does not cover the costs of returning abroad.
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .

### Reimbursement of accommodation costs during a hospital stay of an adult or elderly passenger

Definition of Insurance Event	The <i>Insurer</i> shall reimburse the reasonable cost of any additional stay and accommodation required by the <i>Insured's</i> adult or elderly close relative traveling with the <i>Insured</i> as a result of emergency hospital care due to an Accident or Illness during the <i>Trip</i> , up to the amount or period indicated in the <i>Benefit table</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	☒ The <i>Insurer's</i> service does not cover the costs of returning abroad.
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .

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### Repatriation of a minor child, family

Definition of Insurance Event	If the child (ren) under the age of 14 traveling with the <i>Insured</i> during the <i>Trip</i> cannot be taken care of either by the <i>Insured</i> or by a family member traveling with him / her and living in the same household as the <i>Insured</i> , the <i>Insurer</i> shall arrange for the return the child to his or her residence with an accompanying person. The <i>Insurer</i> assumes the costs incurred during the service, including the costs related to the attendant. The <i>Insurer</i> offers this service even if the <i>Insured</i> , as the sole driver, becomes unable to drive due to an Accident or Illness when traveling with his own vehicle, and his passengers and their family members living in the same household must be transported home with the vehicle.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	✗ The <i>Insurer's</i> service does not cover the costs of returning abroad.
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .

### Return prior schedule

Definition of Insurance Event	<ul style="list-style-type: none"><li>■ If the <i>Insured</i> is forced to end the <i>Trip</i> earlier than originally scheduled due to he / she or a member of his / her family living with him / her suddenly becomes seriously ill, has an accident or dies, or has suffered significant property damage or sudden war or internal riot at the destination broke out or a natural disaster has occurred, the <i>Insurer</i> will arrange the return <i>Trip</i>. The <i>Insurer</i> shall take over the reasonable and justified additional costs incurred in connection with the return <i>Trip</i>, in addition to the costs of the originally planned return <i>Trip</i>, up to the amount specified in the <i>Benefit table</i>.</li><li>■ The <i>Insurer</i> reimburse the <i>Insured</i> for the costs of early return to the country of residence considering economy class travel costs if the <i>Insured's</i> close Relative or close Relative of his / her spouse or partner in country of residence dies or becomes in a life-threatening condition or the <i>Insured</i> Person's property is significantly damaged after the start of the <i>Insurance period</i>.</li></ul>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	✗ The <i>Insurer's</i> service does not cover the costs of returning abroad.
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .

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### Flight delay

Definition of Insurance Event	If the <i>Insured's</i> flight is delayed beyond the indicated period in the <i>Benefit table</i> , the <i>Insurer</i> may reimburse the expenses certified by invoice that were necessary during the delay period (refreshments, food, luggage storage). If the <i>Insured</i> gets reimbursement by other insurance policies for the flight delay, the <i>Insurer</i> will only pay the still existing difference.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	✗ The <i>Insurer</i> would not pay reimbursement if the <i>Insured</i> travelled by a charter flight.
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .
Comments	■ The condition of the benefit payment is that the <i>Insured</i> checked in according to the itinerary specified by the transport company or the tour operator and received a written and official confirmation in his / her name from the airline stating the reason for the delay and the its duration, the <i>Insured</i> held valid tickets and appeared at the beginning of the <i>Trip</i> according to the preliminary itinerary. ■ The duration of the delay shall be calculated based on the time included in the flight schedule and the actual departure.

### Interpreter service

Definition of Insurance Event	The <i>Insurer</i> undertakes that the Assistance Service Provider will provide an interpreter service to the <i>Insured</i> on the emergency number in connection with the insurance service or the official proceedings initiated against the <i>Insured</i> during the <i>Trip</i> .
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .

### Baggage theft or damage due to accident

Definition of Insurance Event	The <i>Insurer</i> shall reimburse the used value of the Baggage damaged, destroyed or unlawfully stolen as a result of the <i>Insurance Event</i> during the <i>Trip</i> up to the amount specified in the <i>Benefit table</i> at the time of the occurrence of the <i>Insurance Event</i> . If the damaged object can be repaired, the <i>Insurer</i> will reimburse the costs of the repair. Regarding baggage and personal property, the <i>Insurer</i> provide benefit in the case of the following <i>Insurance Event</i> : <ul style="list-style-type: none"><li>■ Damage or destruction of the baggage due to accident, traffic accident, elemental damage or fire in a <i>Motor vehicle</i> due to mechanical cause</li><li>■ theft or attempted theft.</li></ul>
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<p>List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")</p>	<p>Items excluded from insurance:</p> <ul style="list-style-type: none"><li>✗ jewellery (including watches), precious metals, precious stones,</li><li>✗ collections,</li><li>✗ works of art,</li><li>✗ means of payment, any means of substituting payment (including cash, checks, vouchers for the use of any service, season ticket, ticket), except bank card issued with the <i>Insured</i> in the named on it</li><li>✗ securities, savings deposits,</li><li>✗ fur,</li><li>✗ sports equipment,</li><li>✗ technical articles (in particular: video camera, (digital) camera, laptop, palmtop, mobile phone, manager calculator),</li><li>✗ musical instruments,</li><li>✗ damage to fragile items (e.g. glass, porcelain) (breakage, cracking)</li><li>✗ work equipment.</li></ul> <p>Events not covered by the <i>Insurer</i></p> <ul style="list-style-type: none"><li>✗ loss, abandonment, disappearance of baggage left unattended</li><li>✗ damage to baggage if it is not proved by the airport baggage handling company (in the case of air luggage) or – in case of damage caused by the shipping company – it is not proved by the report of the shipping company</li><li>✗ theft, confiscation by an authority, damage or destruction of property from the passenger compartment of the vehicle (including the glove box),</li><li>✗ damage caused by dropping or wetting the Baggage or Travel Document (regardless of the circumstances of the dropping or wetting), except in the event of a traffic accident or flood,</li><li>✗ consequential damages and indirect losses and damages arising from the specific nature of property,</li><li>✗ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,</li><li>✗ mechanical or electronic technical failure,</li><li>✗ disappearance due to the break-up of an unguarded vehicle after occupying the accommodation at night (between 10 pm and 6 am),</li><li>✗ theft at undesignated camping site (wild camp)</li><li>✗ continuous deterioration, wear and tear,</li><li>✗ Improper use.</li></ul>
<p>Llimit</p>	<p>The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</p> <ul style="list-style-type: none"><li>✗ Item-specific limit for damage caused in a luggage carrier (suitcase, bag): The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li><li>✗ Toilet facilities limit: up to 10% of the amount specified as baggage insurance limit.</li><li>✗ Limit on damage, destruction or theft of dioptré glasses (excluding sunglasses) or contact lenses: up to 50% of the amount specified as baggage insurance limit.</li></ul>
<p>Comments</p>	<ul style="list-style-type: none"><li>■ The object and its Accessories, as well as the property in pairs or in stock are considered one thing, therefore in the event of an <i>Insurance Event</i> affecting the Accessories, the <i>Insurer's</i> service covers all Accessories together up to the luggage insurance limit.</li><li>■ If the purchase value of the Baggage and the date of purchase are not confirmed by the original invoice in the name of the <i>Insured</i> certifying the new purchase, the <i>Insurer</i> reserves the right to determine the amount of payment based on the Used value of the average quality item with the same basic function.</li><li>■ Special provisions for baggage insurance according to points D.1.2. and D.1.3.</li></ul>

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### Baggage delay

Definition of Insurance event	If the <i>Insured</i> receives their Baggage Abroad that was checked in properly at the carrier (e.g. airline) under the name of the <i>Insured</i> or the person traveling with the after the arrival of the given flight at the destination of the <i>Trip</i> beyond the time specified in this Contract and the <i>Insured</i> notifies the carrier's representative in writing of the absence of the Baggage in accordance with the rules of the travel conditions, but not later than within 2 hours the <i>Insurer</i> undertakes to reimburse the value of emergency purchases (e.g. toiletries, change clothes) made abroad or the sum above the amount reimbursed by the carrier company up to the amount specified in the <i>Benefit table</i> provided that the purchases are confirmed by an invoice issued in the <i>Insured's</i> own name.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>✗ Delay due to security reasons.</li><li>✗ Flight cancellation.</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ In order to obtain the benefit, it is necessary to submit toward the <i>Insurer</i> the original certificate, protocol or PIR (Property Irregularity Report) issued by the carrier (e.g. airline) in the name of the <i>Insured</i> before leaving the transit area, which includes:<ul style="list-style-type: none"><li>– planned and actual arrival dates,</li><li>– the reason for the delay, the amount of compensation for the delay,</li><li>– and recognition of the liability of the carrier.</li></ul></li><li>■ The service is provided by the <i>Insurer</i> only if the carrier (e.g. airline) has not provided compensation due to the delay, or its amount is less than the costs certified by the invoices.</li><li>■ The <i>Insurer's</i> liability for indemnification applies to the amount in excess of the amount reimbursed by the carrier, i.e. the indemnity and emergency compensation paid by the carrier will be deducted from the costs certified by the invoice.</li><li>■ The <i>Insured</i> is entitled to the service once during a <i>Trip</i>, regardless of the number of transfers, regardless of the number of baggage involved. The transfer point is not considered a destination.</li><li>■ The <i>Insurer</i> provides the service after the arrival of the <i>Insured</i>, it does not undertake to pay at the place of the event. In case of permanent loss of the baggage, the amount previously paid by the <i>Insurer</i> as a luggage delay will be deducted from the final amount of baggage reimbursement.</li><li>■ The <i>Insured</i> must report the loss event to the airport baggage handling company or the carrier immediately after its detection.</li></ul>

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### Replacement of travel documents or damage due to accident

Definition of Insurance event	<p>If <i>Insured's</i> Travel documents (passport, identity card, address card, driving license) necessary for the continuation of the <i>Trip</i> become stolen, damaged or unusable during the <i>Trip</i>, the <i>Insurer</i> will provide assistance in re-obtaining the temporary documents necessary for returning home.</p> <p>In connection with the replacement the <i>Insurer</i> will reimburse:</p> <ul style="list-style-type: none"><li>■ the consular fees of issuing a return permit and the costs of replacing travel documents required by law</li><li>■ the certified additional travel costs from the place of the <i>Insurance Event</i> to the local office of the foreign service of Hungary competent in the replacement of the Travel Documents or obtaining a return permit in the given country.</li></ul>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>☒ Damage caused by dropping or wetting a travel document (regardless of the circumstances of the dropping or wetting), except in the event of a traffic accident or flood,</li><li>☒ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,</li><li>☒ Disappearance due to burglary of an unguarded vehicle at night (between 10 pm and 6 am) or after occupying the accommodation</li><li>☒ theft at undesignated camping site (wild camp).</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ Special provisions for baggage insurance according to points D.1.2. and D.1.3.</li></ul>

### Bank card replacement costs

Definition of Insurance event	<p>If the bank card issued to the <i>Insured</i> as cardholder to which this insurance product is linked is stolen during the <i>Trip</i>, or is damaged or becomes unusable due to an Accident, Traffic Accident, elemental damage or fire in a vehicle due to technical cause, the <i>Insurer</i> shall reimburse the <i>Insured</i> for the costs of disabling or replacing the bank card specified by the issuing bank.</p>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>☒ Loss or abandonment of the bank card, disappearance due to leaving it unattended,</li><li>☒ theft from the passenger compartment of the vehicle (including the glove box),</li><li>☒ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,</li><li>☒ Disappearance due to burglary of an unguarded vehicle at night (between 10 pm and 6 am) or after occupying the accommodation,</li><li>☒ theft at undesignated camping site (wild camp).</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ Special provisions for baggage insurance according to points D.1.2. and D.1.3.</li></ul>

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### Damage and theft of goods purchased with a card

Definition of Insurance event	In case of theft, robbery or damage or destruction of the goods purchased by the <i>Insured</i> with the bank card / credit card during his stay abroad within 15 days of the purchase, the <i>Insurer</i> will reimburse the purchase price or repair costs of the given goods on the basis of an invoice.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>☒ Loss or abandonment, disappearance due to leaving the belongings unattended,</li><li>☒ theft from the passenger compartment of the vehicle (including the glove box),</li><li>☒ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,</li><li>☒ Disappearance due to burglary of an unguarded vehicle at night (between 10 pm and 6 am) or after occupying the accommodation</li><li>☒ theft at undesignated camping site (wild camp).</li></ul>
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .
Comments	■ Special provisions for baggage insurance according to points D.1.2. and D.1.3.

### Fraud use of bank card

Definition of Insurance event	In the event of the fraud use of the <i>Insured's</i> unlawfully stolen or hijacked bank card during the <i>Trip</i> , the <i>Insurer</i> will reimburse the value of transactions following previous events up to the amount indicated in the <i>Benefit table</i> for each loss event.
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>☒ Loss or abandonment of the bank card, disappearance due to leaving it unattended,</li><li>☒ theft from the passenger compartment of the vehicle (including the glove box),</li><li>☒ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,</li><li>☒ Disappearance due to burglary of an unguarded vehicle at night (between 10 pm and 6 am) or after occupying the accommodation,</li><li>☒ theft at undesignated camping site (wild camp).</li></ul>
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .
Comments	■ Special provisions for baggage insurance according to points D.1.2. and D.1.3.

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### Theft of keys

Definition of Insurance event	In case of unlawful theft or robbery of the entrance keys of the <i>Insured's</i> declared permanent or habitual residence, the <i>Insurer</i> shall reimburse the certified purchase and replacement costs incurred in Hungary as a result of the <i>Insurance Event</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>✗ Loss or abandonment of the baggage, disappearance due to leaving it unattended,</li><li>✗ theft from the passenger compartment of the vehicle (including the glove box),</li><li>✗ theft from the unclosed hard luggage compartment of the vehicle or from the soft luggage compartment of the vehicle,</li><li>✗ Disappearance due to burglary of an unguarded vehicle at night (between 10 pm and 6 am) or after occupying the accommodation,</li><li>✗ theft at undesignated camping site (wild camp).</li></ul>
Limit	■ Up to 1 event/ <i>Insurance period</i> , up to 50 000 HUF/ <i>Insurance period</i> .
Comments	■ Special provisions for baggage insurance according to points D.1.2. and D.1.3.

### Robbery at ATM

Definition of Insurance event	<ul style="list-style-type: none"><li>■ The <i>Insurer</i> will reimburse the value of the cash withdrawn from the ATM using a bank card, which will be credited from the <i>Insured</i> during the Robbery within 1 hour after the withdrawal.</li><li>■ If the <i>Insured</i> is hospitalized as a result of personal injuries suffered during the loss event specified above, the <i>Insurer</i> will pay a daily indemnity for each day spent in the hospital</li></ul>
Limit	<ul style="list-style-type: none"><li>■ Robbery: up to 1 event per Insurance period, up to 100 000 HUF</li><li>■ Hospital cash benefit: 5 000 HUF/day, up to 3 days/event</li></ul>
Comments	■ Special provisions for baggage insurance according to points D.1.2. and D.1.3.



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### D.1.2. The Insured 's loss prevention obligations in connection with baggage insurance

During the *Trip*, the *Insured* is obliged to fulfil the following loss prevention obligations:

- If you have baggage, the vehicle must be parked in a guarded car park or the luggage must be removed from the vehicle and stored in a guarded place.
- Luggage may only be kept in the vehicle for as long as is strictly necessary (in a closed and useable place, especially for vehicles without a separate luggage compartment).
- Travel documents must not be left in the vehicle or in the Baggage assigned to the passenger carrier.
- If the vehicle is equipped with an alarm, it must be activated.
- Baggage must be placed in the accommodation, cloakroom or left-luggage office as soon as possible after arrival at the accommodation.

### D.1.3. Loss indemnification obligations of the Insured

After discovering the baggage loss, the *Insured* is obliged to:

1. Report as soon as possible the fact and circumstances of the committed crime or the Accident to the local Police competent to the place of occurrence or to another authority competent to the place of the incident (e.g. fire department). If the Insurance *Event* occurred on a scheduled transport vehicle it must also be reported at the transport company. If the *Insurance Event* occurred within the accommodation's competence it is also to be reported at the accommodation. In case of illegal theft, the *Insured* must submit a police report and request a detailed on-site inspection and a detailed report from the competent authority and the relevant economic organization.

2. The report shall contain all relevant information, in particular a detailed description of the event (date, place, other relevant circumstances), an itemized list of the loss (itemized list of assets, including their value), theft, robbery, accident, elemental damage physical injuries (e.g. breaking a window, door, tensioning, other injuries).
3. In the case of lost or damaged luggage carried by a passenger carrier or a transport company, fulfil the conditions imposed by that company as a condition for settling or compensating for damage – e.g. comply with the requirements for the date, manner or place of notification. In the case of loss of air baggage, the loss must also be reported directly to the airline after notification to the airport baggage handling company.
4. In the case of damage to air baggage, the damage event shall be reported to the airport baggage handling company immediately upon detection.

If the *Insured* has not reported to or received a report from the airport baggage handling company, the occurrence of the loss event must also be reported directly to the airline within the time limit specified in the airline service agreement.

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### Bail deposit

Definition of Insurance event	If official proceedings are initiated against the <i>Insured</i> on charges of misconduct or negligence committed during the <i>Trip</i> , the <i>Insurer</i> undertakes to provide a deposit for bail or similar security established against the <i>Insured</i> up to the amount specified in the <i>Benefit table</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>✗ Claims submitted by the <i>Insured</i> persons against each other</li><li>✗ Proceedings against the <i>Insured</i> are initiated due to the suspicion of intentional crime or gross negligence or the commission of such offenses is established during the proceedings.</li><li>✗ Fines and penalties imposed on the <i>Insured</i>.</li><li>✗ Legal costs related to the <i>Insured's</i> claim against the <i>Policyholder</i> or the <i>Insurer</i>.</li><li>✗ Legal costs arising from breach of contract.</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ The <i>Insured</i> is obliged to return the bail deposit to the <i>Insurer</i> within 6 months from the date of issue.</li></ul>

### Legal costs

Definition of Insurance event	If official proceedings are initiated against the <i>Insured</i> on charges of violation or negligence committed during the <i>Trip</i> , the <i>Insurer</i> undertakes to pay the fee, litigation costs and procedural costs established against the <i>Insured</i> up to the amount specified in the <i>Benefit table</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>✗ List of events not covered by the <i>Insurer</i> (exclusions, in addition to those listed under "General exclusions")</li><li>✗ Claims submitted by the <i>Insured</i> persons against each other</li><li>✗ Proceedings against the <i>Insured</i> are initiated due to the suspicion of intentional crime or gross negligence or the commission of such offenses is established during the proceedings.</li><li>✗ Fines and penalties imposed on the <i>Insured</i>.</li><li>✗ Legal costs related to the <i>Insured's</i> claim against the <i>Policyholder</i> or the <i>Insurer</i>.</li><li>✗ Legal costs arising from breach of contract.</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ The <i>Insured</i> shall reimburse the incurred legal costs directly to the authority conducting the proceedings. If the <i>Insured</i> bears the legal costs, they may do so only with the prior approval of the <i>Insurer</i>.</li><li>■ The condition for the provision of services by the <i>Insurer</i> is that the <i>Insured</i> cooperates with the authorities, their legal representative and the <i>Insurer</i> during the procedure.</li><li>■ Legal proceedings arising from the same cause, event or circumstance, including any appeal, shall be considered as a single claim for damages.</li></ul>

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### Cost of legal representation

Definition of Insurance event	If official proceedings are initiated against the <i>Insured</i> on charges of misconduct or negligence committed during the <i>Trip</i> , the <i>Insurer</i> shall undertake the fees and expenses invoiced by the lawyer or law firm providing the <i>Insured's</i> legal representation in connection with the legal representation up to the amount specified in the <i>Benefit table</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>✗ Claims submitted by the <i>Insured</i> persons against each other</li><li>✗ Proceedings against the <i>Insured</i> are initiated due to the suspicion of intentional crime or gross negligence or the commission of such offenses is established during the proceedings.</li><li>✗ Fines and penalties imposed on the <i>Insured</i>.</li><li>✗ Legal costs related to the <i>Insured's</i> claim against the <i>Policyholder</i> or the <i>Insurer</i>.</li><li>✗ Legal costs arising from breach of contract.</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ A legal representative (lawyer or law firm) may be entrusted with the legal representation of the <i>Insured</i> only with the prior consent of the <i>Insurer</i>.</li><li>■ The <i>Insured</i> shall reimburse the incurred legal costs directly to the authority conducting the proceedings. If the <i>Insured</i> bears the legal costs, they may do so only with the prior approval of the <i>Insurer</i>.</li><li>■ The condition for the provision of services by the <i>Insurer</i> is that the <i>Insured</i> cooperates with the authorities, their legal representative and the <i>Insurer</i> during the procedure.</li><li>■ Legal proceedings arising from the same cause, event or circumstance, including any appeal, shall be considered as a single claim for damages..</li></ul>

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### Third party liability insurance

Definition of Insurance event	If the <i>Insured</i> has an obligation to indemnify for personal injury or death caused to a third party during the <i>Trip</i> , the <i>Insurer</i> shall reimburse the amount that is charged to the <i>Insured</i> up to the limit indicated in the <i>Benefit table</i>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<ul style="list-style-type: none"><li>✗ <i>Insured's</i> own loss, losses of the <i>Insured's</i> close relatives, losses of employees of the <i>Insured</i> or the <i>Policyholder</i> resulting from the employment.</li><li>✗ Any loss to property (damage, loss, destruction of property) Liability arising from the transmission of infectious diseases by the <i>Insured</i>, liability arising from sexual harassment, physical violence or mental forced labour</li><li>✗ Losses caused by an activity subject to an official license if the <i>Insured</i> continued the activity without a license.</li><li>✗ Liability of the <i>Insured</i> or the <i>Policyholder</i> under another Contract.</li><li>✗ Claims arising from losses arising from things rented, borrowed or taken over by the <i>Insured</i> for safekeeping.</li><li>✗ Claims arising from unpaid property advantage, grievance fee.</li><li>✗ Liability arising from the professional activities of the <i>Insured</i>.</li><li>✗ Liability arising from driving a <i>Motor vehicle</i>.</li></ul>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ The <i>Insured</i> may not make a declaration of liability, offer of settlement or any promise to fulfil fi a promise without the written consent of the <i>Insurer</i>,</li><li>■ The <i>Insurer</i> provides legal protection and representation against the claim submitted to the <i>Insured</i> at its own discretion, may take over and pass on the legal protection or the related agreement if necessary and is entitled to act on behalf of the <i>Insured</i> for this purpose. The <i>Insurer</i> may enforce any claim for damages or compensation against third parties at its own expense and benefit.</li><li>■ The <i>Insured</i> is obliged to co-operate with the <i>Insurer</i> in the representation against claims and in the enforcement of claims, for this purpose they are obliged to provide the <i>Insurer</i> with all available information and documents.</li><li>■ The <i>Insurer</i> does not undertake to reimburse the interest charges and other costs arising from the lack of cooperation of the <i>Insured</i> or in connection therewith.</li><li>■ The <i>Insurer</i> may provide the service to the claimer party. The <i>Insured</i> may demand the performance of the <i>Insurer</i> only if he has settled the claim of the claimer party.</li></ul>

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### Motor vehicle assistance – Roadside repair

Definition of Insurance event	<p>The <i>Insurer</i> organizes and manages the assistance service up to the <i>Benefit limit</i> specified in the <i>Benefit table</i>, as well as assumes the certified costs incurred directly at the place of the <i>Insurance Event</i>, with the help of a rescue vehicle (s) and a specialist.</p> <p>The purpose of roadside repair is to enable the <i>Motor vehicle</i> to reach the nearest garage where the breakdown will be repaired.</p>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<p>☒ The risk bearing of the <i>Insurer</i> does not cover the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores.</p>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ The main components of the <i>Motor vehicle</i> (brake, chassis, engine, transmission) must not be dismantled during roadside assistance.</li><li>■ If the vehicle cannot be repaired on site, the <i>Insurer</i> will send a rescue vehicle to the site.</li><li>■ The cost of permanent repairs exceeding the <i>Benefit limit</i> shall be borne by the <i>Insured</i>.</li></ul>

### Motor vehicle assistance – Transport to repair facility

Definition of Insurance event	<p>If it is not possible to make the impaired <i>Motor vehicle</i> drivable at the place of the <i>Insurance Event</i>, the <i>Insurer</i> shall assume the costs certified by invoice up to the <i>Benefit limit</i> specified in the <i>Benefit table</i> which arise in connection with transporting the <i>Motor vehicle</i> to the nearest repair facility with the help of an rescue vehicle.</p>
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<p>☒ The risk bearing of the <i>Insurer</i> does not cover the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores.</p>
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ The cost of permanent repairs exceeding the <i>Benefit limit</i> shall be borne by the <i>Insured</i>.</li></ul>



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### Motor vehicle assistance – Return vehicle from the repair facility

Definition of Insurance event	If the repair of the <i>Motor vehicle</i> delivered to the repair facility by the <i>Insurer</i> cannot be resolved within 5 working days based on the opinion of the repair facility the <i>Insurer</i> undertakes to arrange delivery and reimburse the transportation costs to the <i>Insured's</i> (who is the owner or the operator of the <i>Motor vehicle</i> ) permanent residence or other address appointed by the <i>Insured</i> in Hungary up to the limit indicated in the <i>Benefit table</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<input checked="" type="checkbox"/> The risk bearing of the <i>Insurer</i> does not cover the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores..
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ The cost of permanent repairs exceeding the <i>Benefit limit</i> shall be borne by the <i>Insured</i>.</li></ul>

### Motor vehicle assistance – Replacement vehicle

Definition of Insurance event	If the <i>Motor vehicle</i> breaks down during the <i>Trip</i> for any reason – excluding theft of the <i>Motor vehicle</i> – and the <i>Insured</i> is forced to interrupt the <i>Trip</i> (including the <i>Trip</i> to his / her permanent residence), the <i>Insurer</i> undertakes to provide a rental car for up to 2 days, up to the amount indicated in the <i>Benefit table</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	<input checked="" type="checkbox"/> The risk bearing of the <i>Insurer</i> does not cover the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores. <input checked="" type="checkbox"/> The <i>Insurer</i> provides the benefit up to 2 days.
Limit	<ul style="list-style-type: none"><li>■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i>.</li></ul>
Comments	<ul style="list-style-type: none"><li>■ Only one benefit can be chosen per one Insurance Event: <i>Replacement Vehicle</i> or <i>Travel</i> or <i>Return costs</i> in case of <i>Motor vehicle breakdown</i>.</li><li>■ The cost of permanent repairs exceeding the <i>Benefit limit</i> shall be borne by the <i>Insured</i>.</li></ul>

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### Motor vehicle assistance – Travel or return costs in case of *Motor vehicle* breakdown

Definition of Insurance event	If the <i>Motor vehicle</i> breaks down during the <i>Trip</i> for any reason - excluding theft of the <i>Motor vehicle</i> – and the <i>Insured</i> is forced to interrupt the <i>Trip</i> (including the <i>Trip</i> to his / her permanent residence), the <i>Insurer</i> will reimburse the <i>Insured</i> for travel expenses to the original purpose of the <i>Trip</i> . and between the place of the <i>Insurance Event</i> (including round <i>Trip</i> to the repair shop) or to the permanent residence of the <i>Insured</i> and from there to the repair shop for the <i>Insured</i> or a person designated by the <i>Insured</i> .
List of events not covered by the Insurer (exclusions, in addition to those listed under "General exclusions")	☒ The risk bearing of the <i>Insurer</i> does not cover the territory of the following countries and regions: Iceland, Greenland, Spitsbergen, Canary Islands, Madeira, Azores.
Limit	■ The <i>Benefit limit</i> of the given benefit package shown in the <i>Benefit table</i> .
Comments	<ul style="list-style-type: none"><li>■ The journey can only be made by scheduled public transport – based on individual choice - on the shortest route possible.</li><li>■ The <i>Insurer's</i> reimbursement includes the price of the second-class railway ticket (with surcharge and discount) up to the amount indicated in the <i>Benefit table</i>.</li></ul>

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## D.2. BENEFIT TABLE

Issues not regulated in these STC are subject to the provisions of the GTC.

In the event of a discrepancy between what is described in the STC and the GTC, the provisions of the STC shall prevail.

Insured benefits	Raiffeisen Bank Card Travel Insurance					
	Standard	Silver Business	Gold	Upgraded Gold	FWR Gold	Exclusive
Death due to accident Above age 75	1 000 000 HUF 1 000 000 HUF	3 000 000 HUF 3 000 000 HUF	4 000 000 HUF 3 000 000 HUF	4 000 000 HUF 3 000 000 HUF	4 000 000 HUF 3 000 000 HUF	6 000 000 HUF 6 000 000 HUF
Permanent disability due to accident Above age 75	2 000 000 HUF 1 000 000 HUF	6 000 000 HUF 3 000 000 HUF	6 000 000 HUF 3 000 000 HUF	6 000 000 HUF 3 000 000 HUF	6 000 000 HUF 3 000 000 HUF	6 000 000 HUF 3 000 000 HUF
Costs of emergency medical treatment due to illness or accident Above age 75	6 000 000 HUF 4 000 000 HUF	15 000 000 HUF 5 000 000 HUF	20 000 000 HUF 6 000 000 HUF	30 000 000 HUF 9 000 000 HUF	30 000 000 HUF 9 000 000 HUF	55 000 000 HUF 15 000 000 HUF
Emergency dental treatment Limit per tooth	100 000 HUF 30 000 HUF	150 000 HUF 40 000 HUF	175 000 HUF 50 000 HUF	200 000 HUF up to 2 teeth	200 000 HUF 50 000 HUF	250 000 HUF 50 000 HUF
Hospital cash benefit (up to 30 days)	–	–	–	20 000 HUF	20 000 HUF	30 000 HUF
Costs of accident due to terrorism (medical treatment, repatriation, repatriation of mortal remains, death due to accident)	–	–	–	1 000 000 HUF	1 000 000 HUF	1 000 000 HUF
Sport active	–	–	–	–	–	Covered
Ski pass reimbursement	–	–	–	100 000 HUF	100 000 HUF	100 000 HUF
Medical repatriation	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Repatriation of mortal remains	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement of coffin costs	500 000 HUF	500 000 HUF	500 000 HUF	500 000 HUF	500 000 HUF	500 000 HUF
Search and rescue	3 500 000 HUF	4 000 000 HUF	5 000 000 HUF	6 000 000 HUF	6 000 000 HUF	8 000 000 HUF
Accommodation costs due to extension of stay (up to 7 days)	–	–	–	200 000 HUF (max. 50 000 HUF/éj)	200 000 HUF (max. 50 000 HUF/éj)	300 000 HUF (max. 50 000 HUF/éj)
Sick visiting	150 000 HUF	150 000 HUF	300 000 HUF	300 000 HUF	300 000 HUF	300 000 HUF
Reimbursement of accommodation costs during a hospital stay of a minor passenger (up to 7 nights)	–	–	–	150 000 HUF	150 000 HUF	200 000 HUF
Reimbursement of accommodation costs during a hospital stay of an adult or elderly passenger (up to 7 nights)	–	–	–	150 000 HUF	150 000 HUF	200 000 HUF
Repatriation of a minor child, family	300 000 HUF	300 000 HUF	500 000 HUF	500 000 HUF	500 000 HUF	500 000 HUF
Return prior schedule	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

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## General Terms and Conditions of Raiffeisen Bank Card Travel Insurance (GTC))

## ► Special Terms and Conditions of Raiffeisen Bank Card Travel Insurance ("STC")

Insurance events

► Benefit table

## Appendix

Insured benefits	Raiffeisen Bank Card Travel Insurance					
	Standard	Silver Business	Gold	Upgraded Gold	FWR Gold	Exclusive
Flight delay over 4 hours	–	100 000 HUF	150 000 HUF	150 000 HUF	150 000 HUF	200 000 HUF
Interpreter service	–	200 000 HUF	200 000 HUF	Unlimited	Unlimited	Unlimited
Baggage Limit per item	60 000 HUF 60 000 HUF	200 000 HUF 200 000 HUF	250 000 HUF 250 000 HUF	200 000 HUF 100 000 HUF	250 000 HUF 250 000 HUF	300 000 HUF 300 000 HUF
Limit for damage caused in a luggage carrier (suitcase, bag)	–	–	–	75 000 HUF	75 000 HUF	100 000 HUF
Baggage delay	–	–	–	–	–	–
over 4 hours	–	–	–	–	–	–
over 6 hours	30 000 HUF	50 000 HUF	75 000 HUF	150 000 HUF	150 000 HUF	200 000 HUF
over 8 hours	50 000 HUF	100 000 HUF	125 000 HUF	–	–	–
Replacement of travel documents	15 000 HUF	20 000 HUF	40 000 HUF	150 000 HUF	150 000 HUF	200 000 HUF
Bank card replacement costs	–	–	–	Unlimited	Unlimited	Unlimited
Damage and theft of goods purchased with a card	–	–	–	–	–	50 000 HUF
Fraud use of bank card	–	–	–	–	–	45 000 HUF
Theft of keys	–	–	–	–	–	50 000 HUF up to 1 event/ins. period
Robbery at ATM	–	–	–	–	–	100 000 HUF up to 1 event/ins. period
Hospital Cash benefit for hospital stay due to robbery at ATM	–	–	–	–	–	5 000 HUF/nap, up to 3 days/event
Bail deposit (to be paid back within 6 months from the date of issue)	1 000 000 HUF	1 000 000 HUF	1 000 000 HUF	2 000 000 HUF	2 000 000 HUF	3 000 000 HUF
Legal costs	–	–	–	2 000 000 HUF	2 000 000 HUF	3 000 000 HUF
Cost of legal representation	1 000 000 HUF	500 000 HUF	500 000 HUF	2 000 000 HUF	2 000 000 HUF	3 000 000 HUF
Third party liability insurance	–	10 000 000 HUF	10 000 000 HUF	4 000 000 HUF	10 000 000 HUF	10 000 000 HUF
Motor vehicle assistance						
Roadside repair	–	–	–	–	–	75 000 HUF
Transport to repair facility	–	–	–	–	–	50 000 HUF
Return vehicle from the repair facility	–	–	–	–	–	150 000 HUF
Replacement vehicle (up to 2 days)	–	–	–	–	–	40 000 HUF
Travel or return costs in case of Motor vehicle breakdown	–	–	–	–	–	30 000 HUF

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## ► Appendix

► Travel insurance packages related to bank and credit cards issued by the Policyholder (Raiffeisen Bank)

In case of claims reported to the Raiffeisen Bank Card Travel Insurance Contract the Insurer may request the following documents upon the occurrence of the Insurance Events listed in the Benefit table.

## Travel insurance packages related to bank and credit cards issued by the Policyholder (Raiffeisen Bank)

Type of insurance	Optional	Built-in				
Benefit package	Standard	Silver Business	Gold	Upgraded Gold	FWR Gold	Exclusive
Type of bank card	Embossed Sokoldalú OKOSkártya	MasterCard Business Silver	Gold (Oxigén) credit card	MC Gold debit card	FWR Visa Gold debit card	FWR MC Platina debit card
	Embossed Start OKOSkártya	Visa Business	MasterCard Business Premium World	MC Premium Gold debit card		FWR MC World Elite
	FWR MC debit card		OneCard Gold credit card			FWR Platina credit card
	FWR Visa Classic		Premium (Oxigén) Gold credit card			MC Premium Platina debit card
	MasterCard Business		Premium VISA Gold			
	MasterCard Standard		Visa Business Gold			
	MC VertiCard debit card		Visa Gold			
	Unembossed Sokoldalú OKOSkártya					
	Unembossed Start OKOSkártya					
	OneCard					
	OneCard Standard credit card					
	Premium Sokoldalú OKOSkártya					
	Premium Start OKOSkártya					
	Standard (Oxigén) credit card					
	Széchenyi card					
	Visa Classic					

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Travel insurance packages related to bank and credit cards issued by the Policyholder (Raiffeisen Bank)

In case of claims reported to the Raiffeisen Bank Card Travel Insurance Contract the Insurer may request the following documents upon the occurrence of the Insurance Events listed in the Benefit table.

In case of claims reported to the Raiffeisen Bank Card Travel Insurance Contract the Insurer may request the following documents upon the occurrence of the Insurance Events listed in the Benefit table.

Description of document	Medical assistance	Emergency medical treatment due to illness or accident	Medical transport	Emergency dental treatment	Hospital cash benefit	Emergency medical costs due to terrorism	Ski pass reimbursement	Extension of stay	Medical repatriation	Repatriation of remains	Travel assistance	Repatriation of a minor child, family	Return prior schedule	Sick visiting	Accommodation costs – hospital stay of fellow passenger	Flight delay, cancellation	Accident insurance	Death due to accident	Disability due to accident	Baggage and travel documents	Baggage	Replacement of travel documents	Baggage delay	Replacement costs of bank card	Fraud use of bank card	Theft of keys	Robbery at ATM	Legal fees and liability	Legal fees	Legal representation	Third party liability
Medical documents																															
Outpatient sheet, hospital final report, care sheet, histological report	x	x	x	x	x	x	x	x	x			x		x	x			x	x								x				
Autopsy report										x								x													
Death certificate										x								x													
Halotti anyakönyvi kivonat										x			x					x													
Medical documentation and expert opinion on the injured person																															x
Documents proving incapacity for work																			x												
Medical certificate			x	x	x	x	x	x		x	x		x	x	x	x			x	x							x				
Invoice of medical treatment			x	x	x	x	x	x			x			x	x	x			x								x				
Medical document determining the degree of disability, specialist's opinion																															
Details of the Examiner doctor	x	x	x	x	x	x	x	x	x	x		x		x	x			x													
Invoices, certificates, statements																															
Bank account statement													x								x				x		x				
Invoice of purchase														x							x										
Boarding pass													x			x					x		x								
Invoice of repair																					x										
Certificate of cash withdrawal																											x				
Consulate certificate																						x									
Proof of payment													x	x		x						x									
Transport ticket			x										x	x		x						x	x								
Baggage receipt														x							x	x	x								
Accommodation invoice													x			x															





