

PRACTICAL GUIDE

Card Corporate CB Mastercard



entreprises.sg.fr



Your indispensable telephone numbers

Loss, theft or fraudulent use of your card:
block your card 24/7

In France or from abroad
english-spoken service

+33 (0)9 69 39 77 77⁽¹⁾

How your card works

In France or from abroad:

+33 (0)9 69 39 33 39⁽¹⁾

Assistance and insurance
services for your card: 24/7

In France or from abroad:

+33 (0)1 42 14 73 73⁽¹⁾

(1) No surcharge for call.

Getting started...

Useful information

The activation website allows you to register/manage your security phone number for 3D Secure payments (see section Pay safely with 3D Secure)

BASIC INFORMATION ABOUT YOUR CARD

Your card is strictly personal

Do not lend it to anyone.

Your pin code is a secret

Do not give your PIN code to anyone - whether it's the police, insurance company, card blocking center or even Societe Generale. If you have forgotten your PIN code, contact your company's contract manager. A new one will be edited and sent to your house again⁽¹⁾.

Your card has been issued inactive

For security reasons, your new card has been issued inactive. To activate it, please connect to our card activation website <https://activation.carte.societegenerale.com>.

Your card will be automatically renewed

You can use your card until the last day of the month indicated in "Valid until". Your new card will be directly sent to your house in the month preceding its expiration. You will receive a letter notifying you that your new card has arrived.

Be careful to fraudulent mails!

Societe Generale will never contact you directly through your professional email address for reasons relating to the management of your account or bank cards. If you receive a false email using the identity of Societe Generale or one of its service providers asking you for your personal data or bank details, contact us immediately at the following address: securite@societegenerale.fr.

(1) Service subject to tarification. Please refer to the latest French brochure ("Conditions et tarifs appliqués aux Entreprises et aux Associations") available in Societe Generale branches or at www.entreprises.sg.fr.

Your card has been lost, not returned by an ATM, stolen or fraudulently used

Immediately telephone the Societe Generale Card Blocking center:

+33 (0)9 69 39 77 77⁽¹⁾

(24/7, english-spoken service)

As soon as you have requested the blocking of your card, a new card will be automatically re-issued⁽²⁾. Its secret code remains the same, unless you ask to modify it. Your new card is sent to your house within five working days (or is at your disposal from your company's contract manager under the conditions specified in your contract). In the case of a change of secret code, your card is at the disposal of your company's contract manager and its secret code sent at your house.

If you are abroad, the Card Blocking Center will offer to provide you a temporary solution (emergency cash advance).

If your card is used fraudulently, immediately report any transactions you did not make yourself by filling in the card claims form, available at www.entreprises.sg.fr, in the "Services d'urgence" section.

Your responsibility in case of fraudulent use

You will be fully released from any financial liability for all unauthorized transactions following your notification to the Card Blocking Center. For unauthorised transactions that occurred before the request to cancel the card, you are liable for up to €50, except in the notable case of charges made without the use of your personalised security details⁽³⁾.

For more information, please refer to the General Terms and Conditions of your Card.



Useful information

The guarantee against fraudulent use is included in your Corporate card and reimburses you any remaining fees to which you may be subject.



(1) No surcharge for call. **(2)** Please refer to the latest French brochure ("Conditions et tarifs appliqués aux Entreprises et aux Associations") available at your firm's Societe Generale branch office or at site www.entreprises.sg.fr. **(3)** However, when the payment service provider of the card acceptor is not located in the EEA, Saint-Pierre and Miquelon or Saint-Barthélemy, you are liable for up to €50 for unauthorised charges that occurred before your card was cancelled, even in the case of charges made without the use of personalised security details

Day-to-day operations

MAKING PAYMENTS

Personalized payment limits

When your card was initially taken out, your firm defined its monthly payment capacity. With the agreement of your firm, you may at any time change this payment limit and adapt it to your needs.

In case of specific need, you can ask your company's contract manager for a specific raise.

Tracking your expenses "à la Carte"

Depending on the choice initially made by your firm, your transaction amounts will be debited either from your personal account or the company account.

A monthly statement of your expenses is available at www.sogecartenet.fr. Depending on the option selected by your firm, you may also receive it at a defined date (on the 1st, 5th, 10th, 15th, 20th, 27th, 28th or 29th of every month).

Your expenses are debited on a monthly basis, that is to say 4 days after the reporting date or after a longer period if your firm has selected this option.

Cost of making a payment⁽¹⁾

Your payment transactions are free of charge everywhere in the Euro zone⁽²⁾. Outside the Euro zone, your payments will be subject to fixed commission as well as commission proportional to the amount of your purchases.

Contactless function

You can pay contactless simply by approaching your card on a payment terminal, until €50 per transaction.

For security measures, after several successive contactless transactions, you can have to pay with card insertion and PIN code entry on the payment terminal.

To deactivate or reactivate this feature, please refer to your company's contract manager.

(1) For pricing conditions, please refer to the latest French brochure ("Conditions et tarifs appliqués aux Entreprises et aux Associations") available at your firm's Societe Generale branch office or at www.entreprises.sg.fr. **(2)** The Euro zone refers to countries that have the double characteristics of belonging to the European Union and using the Euro as the national currency. As at 01/01/2019, it corresponds to: Germany, Austria, Belgium, Cyprus, Spain, Estonia, Finland, France, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Portugal, Slovakia, Slovenia.

REMOTE PAYMENTS

Pay safely with 3D Secure

On sites displaying “Verified by Visa”/“Mastercard Securecode” logos, you will need to enter a one-time security code to validate your payment.

This code will be sent to you automatically by SMS or telephone call for each transaction concerned.

It must now be completed with a personal code, known only to you.

To register or manage your phone number (on which you will receive the one-time security code) as well as your personal code, we invite you to log in on our dedicated website at the following address: <https://activation.carte.societegenerale.com>, and let us guide you.

For more information, please visit <http://www.entreprises.sg.fr>.



Don't take any unnecessary risks

When buying online, make sure the website is reputable. Check that the retailer's web site is secure. Its Internet address should start with “[https](#)” and there should be a lock icon at the bottom of the window.

ONLINE MANAGEMENT OF YOUR CARD

Access to the online management of your corporate card

Log on to www.sogecartenet.fr and follow connection instructions transmitted by your company.

Monitoring your expenses

Thanks to Sogecarte Net, you will be able to consult your ongoing expenses and download your expense statements in Excel format and your pre-expense claim statements in PDF.

Access to your card statements

Sogecarte Net lets you consult and download a PDF version of your card statements going back 18 months.

By registering your e-mail address, you will receive a notification as soon as a new statement is available.

Card characteristics

Online you can even **view your card's payment and cash withdrawal limits**, the date of your last statement and much more...

Modification of personal data

You can ask to your firm the modification of your address, your personal status or your bank account number.



Useful information

If your firm has opted for the dematerialization of your card statement⁽¹⁾, Societe Generale will donate 5 Euro cents to the French National Forests Office (ONF) each time you make a payment with your card.



(1) Or if your firm has selected the option (with a charge) to receive a paper statement in addition to Sogecarte Net.

CASH WITHDRAWAL OPTION

This is an optional service which may be taken out by yourself or your firm. It allows you to withdraw cash at ATMs in France and in the world.

Personalized cash withdrawal limits

Cash withdrawals may be authorized for France only, abroad only or anywhere in the world.

The limits which apply to your card have been defined with your firm.

All cash withdrawals are debited immediately from the account associated to your Corporate card⁽¹⁾.

In case of specific need, you can ask your firm's Societe Generale branch office for a specific raise⁽²⁾.

Cost of cash withdrawals⁽³⁾

Cash withdrawals from ATMs are free inside the Euro zone⁽⁴⁾, at all banks and with no limit on the number of withdrawals.

Withdrawals made outside the euro zone⁽⁴⁾ are charged a fixed transaction fee as well as a fee proportional to the withdrawal amount.

(1) Except for cards which debit the firm's account. **(2)** Subject to the approval of your firm's bank advisor. **(3)** For complete details, please refer to the latest French brochure ("Conditions et tarifs appliqués aux Entreprises et aux Associations") available at www.entreprises.sg.fr. **(4)** The Euro zone refers to countries that have the double characteristics of belonging to the European Union and using the Euro as the national currency. As at 01/01/2019, it corresponds to: Germany, Austria, Belgium, Cyprus, Spain, Estonia, Finland, France, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Portugal, Slovakia, Slovenia.

Assistance

Corporate Mastercard Assistance (24/7)

+33 (0)1 42 14 73 73

Thanks to the assistance services of your CB Mastercard Corporate Card, you are covered each time you travel⁽¹⁾.

Simply being a cardholder of a CB Corporate Card Mastercard means that you are covered if you have an accident, illness or legal dispute during a business trip.



Important to know:

**In case of the loss or theft of your card,
you will continue to be covered
by the Corporate Mastercard Assistance.**



Important

In case of an accident or illness when travelling. First thing to do: contact Corporate Mastercard Assistance before undertaking any action.

(1) In accordance with the contractual provisions stipulated in the Corporate Mastercard Assistance Contract in appendix at the end of the present guide.

Insurances

Corporate Mastercard Insurances (24/7)

+33 (0)1 42 14 73 73

To be entitled to coverage by the Corporate Mastercard insurances⁽¹⁾, you must have paid for beforehand, in full or in part of your expenses with your CB Corporate Mastercard Card (trip, plane or train tickets, hotel, car rental, etc.).

Practical suggestion

We recommend that you keep copies of your travel tickets, boarding passes and invoices, even if they were not paid with your Corporate Executive CB Mastercard.

You will be required to submit these documents with your written claim within 20 days after the event.

Important

To be considered "ill" or a victim of a serious accident, you must have a physician attest that your medical condition implies the cessation of all activity and the medical prohibition to leave your room.

(1) In accordance with the contractual provisions stipulated in the Corporate Mastercard Insurances Contract in appendix at the end of the present guide.

Your benefits

HOTEL SERVICE

Available in many hotels, two services to make your stay more pleasant.

Guaranteed reservation

When booking a hotel room, if you give your card number; you will not pay any deposit and your reservation will be guaranteed. It's as easy as that!

Express check-out service

With your prior consent, some hotels will prepare your bill after you leave and will send it directly to your office or home.

This service will save you precious time in your travels.



Useful information

If you need to cancel your reservation, ask the hotel for the necessary time limit in order to avoid being charged for the first night. Remember to ask for the reservation cancellation reference number to prevent any dispute and immediately confirm your cancellation in writing.



Card Corporate CB Mastercard



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Insurance & assistance Corporate Mastercard

POLICY N° 4.091.415/004

POLICY SUMMARY Pursuant to Article L.141-4 of the Insurance Code

POLICYHOLDER: Card Issuer SOCIETE GENERALE, 29 Boulevard Haussmann, 75009 Paris - S.A au capital de 1 010 261 206,25 Euros - RCS de Paris B 552 120 222 - ORIAS n° 07 022 493

INSURER : AIG EUROPE LIMITED, Insurance company, registered in Luxembourg (RCS No. B 218806) with registered office at 35 D Avenue J.F. Kennedy, L-1855, Luxembourg. Branch office for France Tour CBX - 1, Passerelle des Reflets 92400 Courbevoie - RCS Nanterre 838 136 463. The marketing of insurance contracts in France by the French branch of AIG Europe SA is subject to the applicable French regulations, under the supervision of the Autorité de Contrôle Prudentiel et de Résolution, 4 place de Budapest, CS 92459, 75436 Paris Cedex 09. <https://acpr.banque-france.fr/>.

BROKER: AON FRANCE, 31-35 rue de la Fédération, 75717 Paris Cedex 15. Tél. : 01 47 83 10 10 - Fax : 01 47 83 11 11 - RCS Paris 414 572 248 - N° TVA intracommunautaire - FR 22 414572248 - SAS au capital de 46 027 140 euros, immatriculée au registre des intermédiaires en assurance (ORIAS) sous le n° 07 001 560. Garantie Financière et assurance de Responsabilité Civile Professionnelle conformes aux articles L512-7 et L512-6 du Code des assurances.

IMPORTANT INFORMATION

This English translation is not contractual and is provided for information purposes only. In the event of a dispute, the original French language policy wording shall be solely applicable and prevail over this translation. Accordingly, this translation should not be relied upon and any disputes arising in connection with the insurance cover granted will be resolved purely by reference to the original French language wording and the meaning of the terms used therein.

The cover provided under this policy applies to holders of the MasterCard bank cards mentioned in the title and depends directly on the validity of the cards concerned. Cover is not suspended if a card is reported lost or stolen.

The cover provided under this policy is made up of 3 parts: « Part 1 - Insurance », « Part 2 - Assistance » and « Part 3 - common provisions Insurance & Assistance ».

PART 1 - INSURANCE

CONDITIONS OF ACCESS

EXCEPT WHERE OTHERWISE PROVIDED, BENEFIT OF THE COVER MAY BE CLAIMED ONLY IF THE INSURED SERVICE OR GOOD HAS BEEN ENTIRELY OR PARTIALLY PAID FOR WITH THE CARD BEFORE THE CLAIM EVENT OCCURS.

IN THE CASE OF VEHICLE RENTAL, IF PAYMENT IS MADE AT THE END OF THE RENTAL PERIOD THE CARDHOLDER MUST FURNISH PROOF OF A RESERVATION MADE USING THE CARD BEFORE TAKING POSSESSION OF THE VEHICLE, SUCH AS A PRE-AUTHORISATION.

CONTACTS FOR FURTHER INFORMATION:

Dial the phone number on the back of your card.

1 - COMMON DEFINITIONS - INSURANCE PART

For the purposes of this document, and except where otherwise provided, the following terms have the following meanings:

Cardholder

The individual who holds the Card residing in France or the European Union.

Accident

Any medically ascertained bodily injury that is unintentional on the part of the Insured Person and results from the sudden action of an external cause.

Insured

- the Cardholder
- his/her Spouse,
- their ascendants and descendants in the first degree (parents and children)

Card

The Corporate MasterCard issued by the Policyholder and to which the cover is attached.

However, persons who hold several MasterCard corporate cards automatically benefit from the most extensive cover, both for themselves and for the other Insured Persons, whichever card is used for payment.

The same applies to dynamic virtual cards, which do not in any way change the cover attached to the card to which they are linked.

If a MasterCard cardholder pays for a service on behalf of other holders of a MasterCard corporate card, the cover from which they benefit will be that of the card they hold.

Business Trip

Any business trip made by the Insured on behalf of the Company of which they are an employee, including seminars, congresses, training courses and any other event of a professional nature.

Trips and stays made personally by the Insured are covered provided that they are related to a Business Trip.

Partner

The Partner is either:

- the Cardholder's non-separated and non-divorced spouse, or
- the person who cohabits with the Cardholder, or
- the person with whom the Cardholder has concluded a currently valid Pacte Civil de Solidarité (Civil Solidarity Pact, PACS).

Proof of cohabitation is provided by a cohabitation certificate drawn up prior to the date of the Claim or, failing that, by tax notices bearing the same address or utility bills in both names dating from before the Claim.

Proof of a PACS is provided by the certificate issued by the court registry, drawn up prior to the date of the Claim.

Force Majeure

Any unforeseeable and irresistible event occurring without human agency such as to render performance of the contract absolutely impossible, as customarily recognised by the case law of the French courts, is deemed to have been caused by force majeure.

Deductible/Excess

Lump sum determined in the policy payable by the Insured Person in the event of compensation following a claim under the cover. The Deductible may be expressed in currencies, in hours or in days.

Claim

The occurrence of an event provided for in the policy to which this notice applies. The date of claim is the date on which the claim event occurs, i.e. the event which is the initial cause of the damage.

Third Party

Any person other than:

- the Cardholder and his* Partner,
- their ascendants and descendants,
- employees, whether paid by the Insured Person or not, in the performance of their duties.

* In this document, use of the masculine gender includes use of the feminine gender.

2 - SPECIAL PROVISIONS - INSURANCE PART

CHAPTER I - TRAVEL

SPECIAL DEFINITIONS

For the purposes of this document, the following terms have the following meanings:

Insured Person

– The Cardholder residing in France or the European Union.

Permanent Disability

Reduction of the physical or mental potential of a person whose condition is consolidated.

Consolidation

Date as of which the condition of the injured person or patient is considered stable from a medical standpoint.

Beneficiary

In the event of accidental death, and unless otherwise stipulated by the Insured Person in a written and signed document, the beneficiary is the Insured Person's surviving non-separated or non-divorced spouse, or failing that the Insured Person's born or unborn children in equal shares, or failing that the Insured Person's assigns.

Form and consequences of accepting benefit of the cover:

The Insured Person must give his prior consent to any acceptance of benefit of the cover by the designated person. Such acceptance may take the form either of a rider signed by the Insurer, the Insured Person and the Beneficiary, or an authenticated or private deed signed by the Insured Person and the Beneficiary and notified to the Insurer in writing.

Designation becomes irrevocable upon the Beneficiary's acceptance and no change may be made without his consent.

In all other cases to which the cover applies, the Beneficiary is the Insured Person.

Luggage

Any item carried or acquired during Travel.

Valuables

Jewels, furs, works of art and antiques, musical instruments, photographic and cinematographic equipment, sound and image recording and reproduction equipment and the media for them and any other item with a purchase value of €300 or more.

Reimbursement Value

The reimbursement value will be equal to the purchase price in the first year following the purchase date. After that, it will be reduced by 25% in the second year and by 10% per year in the following years.

Travel/Trip

Any Business Trip of more than 100 km from the Insured Person's domicile or habitual place of work.

Public Transport

Any means of collective passenger transport that has been authorised for the public carriage of travellers and for which a transport licence has been issued.

Journey To or From a Point of Departure or Arrival

The most direct route between a traveller's domicile or habitual place of work and an airport, station or terminal:

- as the passenger of a taxi or public means of land, air, waterway or maritime transport authorised to carry passengers,
- as a driver or passenger of a rented vehicle.

Rented Vehicle

Any registered four-wheel motorised land vehicle used to carry passengers that is rented from an authorised professional.

A courtesy vehicle lent by a garage operator when the Cardholder's vehicle is out of service for repair is also deemed to be a Rented Vehicle provided that the loan is the subject of a proper contract and that an invoice is issued.

TERRITORIALITY

The contract's guarantees are acquired Worldwide during a Trip, excluding countries subject to sanctions.

TRAVEL ACCIDENTS COVER

SCOPE OF THE COVER

The policy covers the risks of death or Permanent Disability following an Accident that occurs while the Insured Person is travelling under the insurance on board any means of Public Transport or in a Rented Vehicle.

The cover extends to Accidents that occur on a Journey To or From a Point of Departure or Arrival.

The cover also extends to death or Permanent Disability arising from the Insured Person's involuntary exposure to the natural elements as a result of an insured Accident.

THE BENEFITS DESCRIBED BELOW APPLY ONLY IF THE ACCIDENT IS THE RESULT OF AN INSURED EVENT.

1) ACCIDENT THAT OCCURS WHILE TRAVELLING ON PUBLIC TRANSPORT

- In the event of accidental death, either immediate or occurring within 100 days of the date of the Accident, the Insurer will pay the Beneficiary a capital sum of €155,000.
- In the event of accidental Permanent Disability occurring within two years of the date of the Accident, the Insurer will pay the Insured Person a capital sum of up to €155,000 according to the disability table for industrial accidents.

2) ACCIDENT THAT OCCURS ON BOARD A RENTED VEHICLE OR WHILE TRAVELLING TO OR FROM A POINT OF DEPARTURE OR ARRIVAL

- In the event of accidental death, either immediate or occurring within 100 days of the date of the Accident, the Insurer will pay the Beneficiary a capital sum of €46,000.
- In the event of accidental Permanent Disability occurring within two years of the date of the Accident, the Insurer will pay the Insured Person a capital sum of up to €46,000 according to the disability table for industrial accidents.

If death occurs before final Consolidation of the Disability, the capital sum provided for in the event of death will be paid, minus any amounts paid in respect of Disability. The two benefits cannot be aggregated when they are the consequences of the same event.

DISAPPEARANCE OF THE INSURED PERSON

If the Insured Person disappears and the body is not found within one year of the disappearance or destruction of the means of land, air or maritime transport in which he was travelling at the time of the accident, the Insured Person will be presumed to have died as a result of the accident.

DURATION OF COVER

The cover applies for the first 90 days of Travel.

INSURER'S MAXIMUM PAYOUT

If an Accident occurs while travelling under the insurance on board:

- Public Transport, the maximum compensation will not exceed €155,000 per Claim;
- a Rented Vehicle, and for any Journey To or From a Point of Departure or Arrival, the maximum compensation will not exceed €46,000 per Claim.

If there is more than one Insured Person, the compensation amount will be divided equally between the number of Insured Persons suffering an Accident.

SPECIFIC EXCLUSIONS

IN ADDITION TO THE COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED FROM THE COVER:

- TRAVEL ON BOARD AIRCRAFT RENTED BY THE INSURED PERSON FOR PRIVATE OR PROFESSIONAL USE,
- BODILY INJURY RESULTING FROM PARTICIPATION IN RESERVE TRAINING OR MILITARY OPERATIONS OR WHILE ON NATIONAL SERVICE,
- BODILY INJURY RESULTING FROM LESIONS CAUSED DIRECTLY OR INDIRECTLY, PARTLY OR ENTIRELY BY:
 - ANY FORM OF DISEASE,
 - BACTERIAL INFECTIONS EXCEPT FOR PYOGENIC INFECTIONS RESULTING FROM AN ACCIDENTAL CUT OR WOUND,
 - MEDICAL TREATMENT OR SURGICAL OPERATIONS UNLESS THEY ARE THE RESULT OF AN ACCIDENT.

FLIGHT AND TRAIN DELAYS/LUGGAGE DELAYS COVER

Flight and train delays

SCOPE OF THE COVER

While travelling under the insurance and in case of the occurrence of a covered event, the Insured Person will be compensated for the following initially unforeseen expenses:

- meals and refreshments,
- hotels,
- transfer costs between the airport and the final destination,
- costs in connection with changing a ticket or buying another ticket where the flight or train on which the Insured Person was travelling has prevented him from taking the means of travel for which the ticket had been bought with the Card before departure, in order to reach the final destination.

COVERED EVENTS:

- delay or cancellation of a scheduled flight,
- delay or cancellation of a charter flight,
- delay or cancellation of a train,
- refusal of admittance on board on account of overbooking
- delay of a confirmed flight on which the Insured Person was travelling in order to reach a place of connection preventing him or her from embarking on a confirmed connecting flight,
- delay of more than one hour to a means of Public Transport used by the Insured Person to reach an airport or a train station in order to embark on a confirmed flight or a train that he has booked.

CONDITIONS:

- The cover will apply only to:
 - scheduled flights of airlines with published schedules (in the event of a dispute the ABC World Airways Guide will be deemed the reference work for determining the schedule of flights and connections),
 - charter flights from an EU Member State,
 - railway companies as well as regular means of Public Transport whose schedules are published and known in advance.
- The cover will apply only to a delay of more than:
 - 4 hours on a scheduled flight,
 - 6 hours on a charter flight,
 - 2 hours on a train,

and if the carrier does not make any replacement means of transport available to the Insured Person within:

- 4 hours for a scheduled flight,
- 6 hours for a charter flight,
- 2 hours for a train,

after the initial departure time (or arrival time for a connection) of the reserved and confirmed flight or train.

DURATION OF COVER

The cover starts at the scheduled departure time and lasts until actual arrival at the final destination.

INSURER'S MAXIMUM PAYOUT

The maximum amount of compensation will not exceed €450 per Claim.

SPECIFIC EXCLUSIONS

IN ADDITION TO THE COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED FROM THE COVER:

- **IF THE INSURED PERSON REFUSES A SIMILAR MEANS OF TRANSPORT PROVIDED,**
- **THE TEMPORARY OR DEFINITIVE WITHDRAWAL OF AN AIRCRAFT ON THE ORDERS OF THE CIVIL AVIATION AIRPORT AUTHORITIES OR A SIMILAR BODY, ANNOUNCED PRIOR TO THE DEPARTURE DATE FOR THE INSURED JOURNEY.**

LUGGAGE DELAYS

SCOPE OF THE COVER

If the Insured Person's Luggage, duly checked and under the responsibility of the public carrier with which he or she is travelling under the insurance, is not returned to him or her within four hours of arrival at destination, the Insured Person will be compensated for expenses incurred in obtaining emergency clothing and toiletries.

Except in the event of accidental occurrence or Force Majeure, for a Claim to be valid the Insured Person must immediately notify the airline's competent authorities of the missing Luggage and obtain a delayed luggage receipt.

NB:

The cover will apply only to the scheduled flights of airlines with published schedules (in the event of a dispute the ABC World Airways Guide will be deemed the reference work for determining the schedule of flights and connections) and regular means of public transport whose schedules are published and known in advance.

DURATION OF COVER

The cover starts four hours after the time of arrival at the destination and lasts until the end of the fourth day following the time of arrival.

INSURER'S MAXIMUM PAYOUT

The maximum amount of compensation will not exceed €450 per Claim.

SPECIFIC EXCLUSIONS

IN ADDITION TO THE COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED FROM THE COVER:

- **EMBARGO, CONFISCATION, CAPTURE OR DESTRUCTION ON THE ORDERS OF A GOVERNMENT OR PUBLIC AUTHORITY,**
- **ITEMS BOUGHT AFTER THE CARRIER HAS RETURNED THE LUGGAGE OR MORE THAN 4 DAYS AFTER THE TIME OF ARRIVAL AT THE DESTINATION AIRPORT OR STATION EVEN IF THE LUGGAGE HAS STILL NOT BEEN RETURNED TO THE INSURED PERSON.**

PROVISION APPLICABLE TO BOTH BENEFITS:

For the same journey, reimbursement under the Flight and Train Delays and Luggage Delays cover is limited to €450 per Claim.

LOSS OR THEFT OF OR DAMAGE TO LUGGAGE COVER

SCOPE OF THE COVER

The Insured Person will be compensated for the relevant Reimbursement Value if, while travelling under the insurance, his Luggage, duly checked and under the responsibility of the public carrier, is lost, stolen or totally or partially destroyed.

Except in the event of accidental occurrence or Force Majeure, for a Claim to be valid the Insured Person must immediately notify the airline's competent authorities of the missing Luggage and obtain a lost luggage receipt.

The Insurer will intervene only after all compensation payable by the carrier has been depleted, and exclusively to supplement such compensation, in particular under the terms of the Montreal Convention, in the event of theft, loss or total or partial destruction of the Luggage.

INSURER'S MAXIMUM PAYOUT

Compensation will not exceed **€850** per Luggage, including **€300** per Valuable.

Within these amounts, any compensation payable in respect of the Luggage Delays cover will be deducted from the total amount reimbursed when personal Luggage is declared definitively lost.

In all events, a **€70** deductible will be applied to the total amount of the damage before application of the maximum benefit amount.

SPECIFIC EXCLUSIONS

IN ADDITION TO THE COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED FROM THE COVER:

- **CONFISCATION OR REQUISITION BY CUSTOMS OR ANY GOVERNMENT AUTHORITY,**
- **LOSS OR DAMAGE CAUSED BY :**
 - **NORMAL WEAR AND TEAR, DEPRECIATION, INHERENT DEFECT,**
 - **MOTHS OR VERMIN, A CLEANING PROCESS OR CLIMATIC CONDITIONS,**
 - **THE POOR CONDITION OF THE LUGGAGE USED TO CARRY PERSONAL EFFECTS,**
- **LOSS OR THEFT OF OR DAMAGE TO THE FOLLOWING:**
 - **PROSTHESES AND ORTHOSES OF ANY KIND, GLASSES AND CONTACT LENSES,**
 - **CASH, SECURITIES, TRAVELLERS' CHEQUES, PAYMENT AND/OR CREDIT CARDS, KEYS, PERSONAL PAPERS, IDENTITY PAPERS, DOCUMENTS OF ANY SORT AND SAMPLES,**
 - **AIR TICKETS, TRANSPORT TICKETS AND VOUCHERS AND PETROL COUPONS,**
 - **UNLAWFUL AND/OR COUNTERFEIT PRODUCTS,**
 - **LOSS OR THEFT OF OR DAMAGE TO OBJECTS MADE OF GLASS, CRYSTAL, CHINA OR SIMILAR MATERIALS, OBJECTS SENSITIVE TO CHANGES IN TEMPERATURE, PERISHABLE FOODSTUFFS AND PRODUCTS AND ANIMALS PROHIBITED BY THE CARRIER.**

CHAPTER II – DAMAGE TO RENTED VEHICLES

SPECIAL DEFINITIONS

For the purposes of this section, the following terms have the following meanings:

Insured Person

The Cardholder and persons travelling with him whose names are included as drivers on the rental agreement.

Deductible

Portion of the claim payable by the Cardholder stated in the rental agreement where the Cardholder has declined the loss damage waiver proposed by the renter.

Incompressible Deductible

Portion of the claim payable by the Cardholder stated in the rental agreement where the Cardholder has opted for the loss damage waiver proposed by the renter.

Out-of-service Costs

Daily fee for parking the vehicle invoiced in some cases by the repairer.

Rented Vehicle

Any registered four-wheel motorised land vehicle used to carry passengers that is rented from an authorised professional with a value as new of €50,000 or less with the exception of the following vehicles:

- classic cars more than 20 years old or cars that the maker has not produced for more than 10 years,

- vehicles with a maximum authorised mass of over 3.5 tonnes and/or a useful volume of over 8 cu. m.,
- camping cars and caravans,
- quads.

A courtesy vehicle lent by a garage operator when the cardholder's vehicle is out of service for repair is also deemed to be a rented vehicle provided that the loan is the subject of a proper contract and that an invoice is issued.

SCOPE OF THE COVER

The purpose of the agreement is to cover the Insured Person for material damage to or theft of a rented vehicle.

In the event of theft, for a Claim to be valid, except in the event of accidental occurrence or Force Majeure, the Insured Person must report the theft to the competent police authorities within 48 hours, stating the circumstances of the theft and the details of the Rented Vehicle (make, model, etc.).

DURATION OF COVER

Cover starts when the rental agreement is signed and ends when the Insured Person returns the vehicle.

CONDITIONS

To benefit from the cover, the cardholder must:

- rent the vehicle from a professional renter, fill out and sign a proper rental agreement,
- legibly state the name(s) of the driver(s) on the rental agreement,
- pay the vehicle rental with the Card (if payment is made at the end of the rental period, the Cardholder must furnish proof of a reservation made using the card before taking possession of the vehicle, such as a pre-authorisation).

Provided the same conditions are met, the cover applies when the rental has been entirely or partly paid with the Card of the Partner of the signatory of the rental agreement.

To benefit from the cover, the Insured Person must also:

- fulfil the driving criteria imposed by the renter and the local laws or jurisdiction,
- drive the vehicle in accordance with the provisions of the rental agreement signed by the Cardholder with the renter.

The Insurer cannot under any circumstances reimburse the Insured Person for the amount of CDW or LDW paid to the renter if the Insured Person has omitted to decline it or if it is automatically included in a package that the Insured Person has accepted.

GEOGRAPHICAL SCOPE

The cover extends **WORLDWIDE**.

INSURER'S MAXIMUM PAYOUT

In the event of material damage to the rented vehicle (including theft or attempted theft) with or without an identified third party, liable or non-labile, the insurance covers the Insured Person for the cost of repairing or restoring the vehicle up to:

- the amount of the Incompressible Deductible stated in the rental agreement where the Cardholder accepts the renter's insurance, or
- the amount of the Deductible stated in the rental agreement where the Cardholder declines the renter's insurance, or
- the amount of repairs or the market value of the vehicle in the event of theft, up to €50,000 or the equivalent in another currency, if the renter does not have other insurance cover.

The benefit accrues to the Cardholder without any formality and to persons travelling with him who are drivers of the rented vehicle provided that their names are stated beforehand on the rental agreement.

If the rented vehicle suffers damage causing it to be partly or completely out of service, and if the Cardholder has to rent a replacement vehicle, in that case only the Insurer also covers **loss of use of the vehicle limited at most to the daily**

rental multiplied by the number of days out of service, which may not exceed the initial rental period.

If the renter charges the Insured Person an administration fee, the insurers will reimburse such fees up to **€75** per claim, **given that they do not assume charges invoiced by the renter corresponding to a possible loss of earnings.** This cover is granted for up to two settled Claims in the order in which they occur per calendar year.

SPECIFIC EXCLUSIONS

IN ADDITION TO THE COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED FROM THE COVER:

- **DAMAGES CAUSED BY :**
 - **WEAR AND TEAR TO THE VEHICLE,**
 - **A STRUCTURAL DEFECT,**
- **ALL DELIBERATE DAMAGE,**
- **CONFISCATION AND REMOVAL OF VEHICLES,**
- **EXPENSES UNRELATED TO THE REPAIR OR REPLACEMENT OF THE VEHICLE (EXCEPT FOR OUT-OF-SERVICE AND TOWING COSTS INVOICED TO THE INSURED PERSON),**
- **DAMAGE INCURRED WHEN THE RENTED VEHICLE IS USED OFF-ROAD,**
- **SIMULTANEOUS RENTAL OF MORE THAN ONE VEHICLE ,**
- **REGULAR RENTAL OF VANS FOR DELIVERIES, EXPRESS DELIVERY OR REMOVALS:**
 - **FOR CARDHOLDERS WHOSE BUSINESS IS IN THE TRANSPORT SECTOR (COURIER, DELIVERIES, HAULAGE, REMOVALS, ETC.), VAN RENTAL IS LIMITED TO EIGHT OCCASIONS PER CALENDAR YEAR,**
 - **FOR CARDHOLDERS WHOSE BUSINESS IS NOT IN THE TRANSPORT SECTOR, VAN RENTAL IS LIMITED TO FOUR OCCASIONS PER CALENDAR YEAR,**
- **RENTAL OF THE SAME VEHICLE FOR MORE THAN 60 CONSECUTIVE DAYS EVEN IF THE RENTAL CONSISTS OF SEVERAL SUCCESSIVE AGREEMENTS,**
- **DAMAGE CAUSED TO THE PASSENGER COMPARTMENT OF THE VEHICLE WHICH IS SMOKING-RELATED OR CAUSED BY ANIMALS,**
- **DAMAGE TO OR LOSS OR THEFT OF THE KEYS OF THE RENTED VEHICLES AND THE CONSEQUENCES THEREOF.**
- **COURTESY VEHICLES.**

SETTLEMENT OF CLAIMS

Two cases may arise:

1. The renter debits the Card either for the amount of the Deductible or for the amount of the damage because the Cardholder has not had the time to report the Claim or because the renter refuses the Insurer's guarantee of payment.

In this case, the Cardholder must report the claim and keep proof of the debit (e.g. a copy of the card statement or a copy of the debit slip signed by the Cardholder). If the claim is substantiated, the Cardholder will be reimbursed.

2. The renter accepts the guarantee of payment and directly contacts the Insurer, who will then settle the claim.

If the claim is substantiated, the renter will be reimbursed.

In all events, the Insurer undertakes to pay outstanding compensation within 15 days of the date on which it is in possession of all the information needed to settle the claim.

If the Insurer settles either directly with the renter or by reimbursement, the Insured Person automatically assigns its rights to settle with or recover damages from liable third parties or another company.

CHAPTER III – FRAUD

FRAUDULENT USE OF THE CARD COVER

SPECIAL DEFINITIONS

For the purposes of this section, the following terms have the following meanings:

Insured Person

The firm or the Cardholder to whose account the Card is attached.

Cardholder

Any individual to whom the Insured Person has personally given one or more Cards in order to meet his business expenses and who has an employment or apprenticeship contract with the Insured Person or with one of its subsidiaries or with one of its sister companies for which the Insured Person has been authorised to issue Cards to employees or apprentices.

- Subsidiary means any company or entity in which the Insured Person has a majority interest.
- Sister company means any company or entity in which the Insured Person's majority shareholder has a majority interest.

Deductible

Lump-sum amount set at Article L. 132-3 of the Monetary and Financial Code that remains payable by the Insured Person following a Claim.

Business Expenses

All expenses incurred by the Cardholder in the course of an activity on the firm's behalf.

Fraudulent Use

Any payment or withdrawal made by a Third Party using one or more of the Insured Person's Cards lost or stolen during the validity of the Card.

Claim Event

Any Fraudulent Use that occurs following loss or theft of a Card between the time when the Card is lost or stolen and the time when the Insured Person or Cardholder reports the loss or theft to the Card issuer's card loss centre or a card loss centre recognised by it.

All fraudulent transactions carried out following the same loss or theft constitute a single Claim Event.

SCOPE OF COVER

The purpose of this cover is to assume direct pecuniary losses suffered by the Insured Person in the event of payments or withdrawals made fraudulently by a Third Party using one or more of the his Cards lost or stolen during the validity of the Card, insofar as such fraudulent transactions are carried out between the time when the Card is lost or stolen and the time when the Insured Person or Cardholder reports the loss or theft to the Card issuer's card loss centre or a card loss centre recognised by it.

GEOGRAPHICAL SCOPE

The cover extends WORLDWIDE:

- wherever the Card is lost or stolen,
- wherever the Fraudulent Use occurs.

Compensation is always paid in France.

INSURER'S MAXIMUM PAYOUT

For each Card, the cover applies:

- either up to the amount of the Deductible payable by the Cardholder,
- or up to the amount of the misappropriated sums in the event of gross negligence by the Cardholder,

in accordance with the prevailing laws and regulations.

Lump-sum compensation of **€50** will be paid for each Claim to offset any costs the Cardholder may have had to pay in connection with the Claim.

The amount of the benefit per year is depleted by the amount of compensation paid or payable in chronological order of occurrence of the Claim Events.

Any Claim is ascribable to the calendar year in which the Card is lost or stolen or, if there is any doubt as to the date of occurrence, to the calendar year in which the loss or theft of the Card was discovered.

In all events, the maximum compensation amount will not exceed €3,000 per calendar year.

SPECIFIC EXCLUSIONS

IN ADDITION TO THE COMMON EXCLUSIONS, THE FOLLOWING ARE ALSO EXCLUDED:

- ANY EMBARGO, CONFISCATION, CAPTURE OR DESTRUCTION ON THE ORDERS OF A GOVERNMENT OR PUBLIC AUTHORITY,
- ANY SERIES OF FRAUDULENT USES WHERE THE FIRST USE TAKES PLACE BEFORE THIS AGREEMENT TAKES EFFECT,
- ANY INDIRECT LOSS SUFFERED BY THE INSURED PERSON OR ANY OTHER INDIVIDUAL OR LEGAL ENTITY, SUCH AS INTEREST CHARGES, LOSS OF PROFITS OR INTEREST, LOSS OF CUSTOM, LOSS OF EARNINGS OR REDUCTION OF SALES,
- ANY MISUSE OCCURRING AFTER THE DATE ON WHICH THE CARD IS STOPPED OR CANCELLED.

INSURED PERSON'S OBLIGATIONS IN THE EVENT OF A CLAIM

For a Claim to be valid, except in the event of accidental occurrence or Force Majeure, as soon as the Insured Person or the Cardholder discovers the loss or theft of a Card or Cards or the debit on his bank statement resulting from fraudulent transactions using the lost or stolen Card or Cards, he must:

- immediately report the fact to the issuer's card loss centre (or to a centre recognised by the issuer) and stop the Card,
- promptly confirm the stop on the Card to the issuer in writing,
- if the Card has been stolen: promptly report the theft to the competent police authorities,
- if the Card has been lost or his bank statements show debits for fraudulent transactions using the Card or Cards: promptly report the misuse to the competent police authorities,
- submit a claim as soon as possible.

RECOVERY

If all or some of the direct pecuniary losses are recovered, the Insured Person should inform the Insurer immediately.

1. If recovery takes place before any compensation is paid, the Insurer is required to pay only:

- compensation corresponding to unrecovered pecuniary losses,
- compensation corresponding to the costs incurred by the Insured Person (or on his behalf), with the Insurer's consent, for recovery,

within the limit of direct pecuniary losses suffered by the Insured Person and a maximum of €3,000 per calendar year.

2. If recovery takes place after compensation has been paid, any amount recovered (minus costs incurred in connection with recovery) is payable:

- first to the Insured Person, up to the amount of pecuniary losses exceeding the Insurer's compensation,
- then to the Insurer up to the amount of the compensation paid.

3- COMMON PROVISIONS - INSURANCE PART

COMMON EXCLUSIONS

EXCEPT WHERE OTHERWISE PROVIDED, THE FOLLOWING ARE EXCLUDED:

- CIVIL OR FOREIGN WAR, KNOWN POLITICAL INSTABILITY OR POPULAR MOVEMENT, RIOT, TERRORIST ACT, REPRISALS, RESTRICTIONS ON THE FREE MOVEMENT OF PEOPLE AND GOODS, STRIKES IF THE INSURED PERSON TAKES AN ACTIVE PART IN THEM, DISINTEGRATION OF AN ATOMIC CORE OR ANY IONISING RADIATION AND ANY OTHER CASE OF FORCE MAJEURE,
- INTENTIONAL OR MALICIOUS ACTS BY THE INSURED PERSON OR HIS OR HER CLOSE FAMILY (SPOUSE, ASCENDANT, DESCENDANT),
- SUICIDE OR ATTEMPTED SUICIDE BY THE INSURED PERSON,
- ACCIDENTS CAUSED BY THE INSURED PERSON'S USE OF DRUGS, NARCOTICS OR TRANQUILISERS NOT UNDER MEDICAL PRESCRIPTION,

- ACCIDENTS AS A RESULT OF DRIVING UNDER THE INFLUENCE OF ALCOHOL, DETERMINED BY THE PRESENCE IN THE BLOOD OF A PURE ALCOHOL LEVEL EQUAL TO OR HIGHER THAN THE LEVEL SET BY THE PREVAILING DRINK-DRIVING LAWS IN FRANCE AT THE TIME OF THE ACCIDENT,
- THE CONSEQUENCES OF INCIDENTS THAT OCCUR WHILE PRACTISING AN AERIAL OR HIGH-RISK SPORT, INCLUDING IN PARTICULAR HANG-GLIDING, POLO, SKELETON, BOBSLEIGH, ICE HOCKEY, SCUBA DIVING, CAVING AND POTHOLING, BUNGEE JUMPING AND ANY SPORT REQUIRING THE USE OF A MOTOR VEHICLE,
- PARTICIPATION IN COMPETITIONS REQUIRING A LICENCE,
- INVOLVEMENT IN GAMBLING, FIGHTING OR BRAWLING.

REPORTING CLAIMS

Except where otherwise provided, the Insured Person is required to report all claims for compensation under this policy within 20 days of their occurrence:

- by telephone: **number on the back of your Card**,
- by e-mail: **assurances@mastercardfrance.com**

In the event of failure to comply with this obligation, the Insurer may, under the French Insurance Code, reduce the compensation in proportion to the damage caused by such failure, unless the Insured Person can provide proof that he was unable to report the claim within the given time limit on account of an accidental occurrence or force majeure.

The Insured Person will be sent a questionnaire to be filled in and returned together with the supporting documents contained in a list included with the questionnaire. In all events, the Insured Person must furnish the following documents:

- certificate of validity of the Card,
- proof of payment by means of the Card,
- proof of qualification as Insured Person,
- bank account details,
- insurance policy covering the Insured Person for the same Claim or certificate from the Insured Person stating that he does not have any other insurance cover for this type of Claim,

and in general all documents that the Insurer deems necessary in order to assess the merits of the claim for compensation.

After receiving the relevant supporting documents, the Insurer will pay compensation within fifteen days of the parties reaching agreement or the issuance of an enforceable court judgment.

Any non-disclosure or deliberate false declaration, omission or inaccuracy will be sanctioned, even if it has no effect on the claim, under the conditions set forth at Articles L. 113-8 and L. 113-9 of the Insurance Code.

BURDEN OF PROOF

It is for the insured person to prove the reality of the situation, bearing in mind that any claim not supported by sufficient evidence and information to prove the material nature of the facts may be rejected.

SUBROGATION

Pursuant to Article L. 121-12 of the French Insurance Code, the insurer is subrogated up to the amount of the compensation paid or expenses borne in the insured person's rights and actions against any person responsible for the claim event.

PART 2 - ASSISTANCE

The mere fact of holding the card is sufficient to ensure cover.

NB: Please inform the assistance provider of any incident as soon as possible and in all events before incurring any expense.

FOR FURTHER INFORMATION:

Call the phone number on the back of your card

1 - COMMON DEFINITIONS- ASSISTANCE PART

For the purposes of this document, the following terms have the following meanings:

Assistance company

The assistance company appointed by the Insurer.

Insured person(s)

Are considered as Insured(s):

- the Cardholder
- his/her Spouse,
- their ascendants and descendants in the first degree (parents and children).

Place of Residence

The Place of Residence is the Beneficiary's tax domicile at the date of the assistance request.

Country of Residence

The Country of Residence is the country where the Place of Residence is located.

Family Member

A member of the Beneficiary's family («Family Member») means the non-separated and non-divorced spouse, recognised partner or partner with whom he or she has concluded a currently valid PACS (Civil Solidarity Pact), children, grandchildren, brothers, sisters, father, mother, parents-in-law and grandparents.

Force Majeure

Any unforeseeable and irresistible event occurring without human agency such as to render performance of the contract absolutely impossible, as customarily recognised by the case law of the French courts, is deemed to have been caused by Force Majeure

Primary Transport

Primary Transport means transport between the place of the claim event and the nearest medical centre or hospital and, where relevant, the return journey to the place of stay.

Insurance Scheme

Insurance Scheme means the basic social security schemes and supplementary health insurance schemes on which the Beneficiary depends either principally or through another person.

2 - COMMON PROVISIONS- ASSISTANCE PART

PURPOSE OF THE POLICY

Under the conditions set forth below, the purpose of the policy is to provide the Beneficiary during the first 90 days of travel, professional, with assistance if the following events (which must remain uncertain at the time of departure) should occur:

- bodily injury following illness or accident,
- death,
- hospitalisation or death of a Family Member,
- legal proceedings abroad,
- theft or loss of certain personal or professional effects abroad.

MAKING A CLAIM : HOW TO BENEFIT FROM ASSISTANCE

In order to take advantage of the benefits provided under the policy, the Beneficiary must:

- contact or get someone else to contact the Assistance Company as soon as he is aware of an event likely to entail the provision of a benefit by telephone on the number on the back of the card,
- provide the vouchers the Assistance Company deems necessary to assess entitlement to benefits, failing which the Assistance Company will refuse to provide benefits and/or reinvoice any expenses already incurred;
- give the Assistance Company medical staff free access to medical information about him;

- ensure that all information provided is accurate;
- comply with the solutions recommended by the Assistance Company.

VERY IMPORTANT

The benefits described below are designed to be organised exclusively by the Assistance Company, which will settle the cost directly with the providers it commissions. Exceptionally, if the circumstances so require, The Assistance Company may authorise the Beneficiary to organise some or all of a benefit. In such case, expenses incurred with the express prior consent of the Assistance Company will be reimbursed on presentation of original vouchers up to the amount of the cost that the Assistance Company would have incurred if had provided the benefit itself.

Lack of medical facilities, difficulties of access and long intervention times make assistance particularly difficult in certain areas and should incite travellers to caution. Elderly travellers (aged 70 or over), travellers with young children (under 12) and travellers with chronic ailments or risk factors should not travel to areas where medical care cannot be provided while awaiting the intervention of the Assistance Company.

The Assistance Company cannot under any circumstances replace local emergency services.

CONDITIONS OF APPLICATION:

GEOGRAPHICAL SCOPE OF BENEFITS

Benefits will be provided outside the Beneficiary's Place of Residence:

- for the first 90 days of a private or professional trip,
- worldwide except in excluded countries. There are geographical restrictions on some benefits, mentioned in the description of the benefits concerned.

3 - SPECIFIC PROVISIONS – ASSISTANCE PART

CHAPTER I – BODILY INJURY FOLLOWING ILLNESS OR ACCIDENT

If the Beneficiary suffers an illness or accident, the Assistance Company's medical staff will:

- contact the local physician who has examined the Beneficiary,
- collect all necessary information from the local physician and, where relevant, from the Beneficiary's usual physician.

On the basis of this information, the Assistance Company's medical staff will decide, strictly according to the Beneficiary's medical interest and in compliance with the prevailing health regulations, either:

- to arrange for the Beneficiary to be transported to his Place of Residence or to an appropriate hospital close to his Place of Residence, or
- to hospitalise the Beneficiary locally in a nearby healthcare centre before envisaging a return to a facility close to his Place of Residence.

The Assistance Company's medical staff may take steps to find a bed in a medically suitable facility.

The information from local physicians or the Beneficiary's usual physician, which may be vital, helps the Assistance Company's medical staff to take the most appropriate decision.

In that respect, it is expressly agreed that the final decision, to be taken in the Beneficiary's medical interest, lies in the last resort solely with the Assistance Company's medical staff.

If the Beneficiary refuses to abide by the decision considered by the Assistance Company's medical staff to be the most appropriate, he expressly relieves the Assistance Company of all responsibility, including if he returns by his own means or his medical condition worsens.

TRANSFER AND/OR REPATRIATION OF THE BENEFICIARY

The Assistance Company will organise and assume the cost of transporting the Beneficiary if his medical condition leads his physicians, under the conditions set forth above, to take such a decision.

The Beneficiary will be transported by all appropriate means (taxi, light medical vehicle, ambulance, train in first class, scheduled flight in economy class, air ambulance, etc.), if necessary under medical supervision.

The only factors taken into consideration when choosing the means of transport are the Beneficiary's medical interest and compliance with the prevailing health regulations.

This benefit is never provided for benign disorders or lesions that can be treated locally and do not prevent the Beneficiary from continuing his trip or stay.

VISIT OF A CLOSE RELATIVE IN THE EVENT OF HOSPITALISATION

If the Beneficiary is travelling alone or if the family members are unable to visit him in hospital when he is hospitalised in the place where he suffered his illness or accident and the Assistance Company's medical staff recommend that he should not be moved for at least 10, the Assistance Company will organise and assume the cost of:

- a return trip (from the Place of Residence) by train in first class or on a scheduled flight in economy class for a person chosen by the Beneficiary or the Beneficiary's family to visit the Beneficiary in hospital;
- the person's stay in a hotel (room and breakfast only) in the place of hospitalisation, for as long as the Beneficiary is in hospital, up to a maximum of **€125** incl. tax per night for 10 nights. If the hospitalised Beneficiary can still not be moved after that deadline, the Assistance Company will assume the cost of an extended stay up to **€375**.

This benefit is not cumulable with the «Repatriation of an accompanying Beneficiary» benefit.

DISPATCH OF A REPLACEMENT COLLEAGUE ABROAD

If the Beneficiary's professional assignment abroad is interrupted following medical repatriation organised by the Assistance Company or hospitalisation for more than 10 days, the Assistance Company will organise and assume the cost of transporting (by air in economy class or train in first class) a replacement colleague residing in metropolitan France and designated by the employer (only if the assignment is for longer than three days).

MEDICAL EXPENSES ABROAD (EXCLUDING FRANCE AND THE COUNTRY OF RESIDENCE)

This benefit applies only to Beneficiaries affiliated to an Insurance Scheme.

Where medical costs have been incurred with its prior consent, the Assistance Company will reimburse the Beneficiary for the portion of such costs not assumed by Insurance Schemes.

The Assistance Company intervenes only after the above-mentioned Insurance Schemes have made their reimbursements, applying an across-the-board deductible of **€75** per case, subject to provision of the original proofs of reimbursement issued by the Beneficiary's Insurance Scheme.

Such reimbursement covers the costs defined above, provided they relate to treatment received by a Beneficiary outside France and his Country of Residence following an illness or accident occurring outside his Country of Residence.

In such case, the Assistance Company will reimburse the amount of costs incurred up to a maximum of **€76,225** incl. tax per Beneficiary per event per year.

If the Insurance Scheme to which the Beneficiary is affiliated does not assume the medical costs, the Assistance Company will reimburse the costs incurred up to the limit of the amount stated above, subject to provision by the Beneficiary of the original invoices for medical costs and a certificate of non-coverage issued by the Insurance Scheme.

The benefit shall cease on the day when the Assistance Company is able to repatriate the Beneficiary.

Type of costs giving entitlement to reimbursement (subject to prior consent):

- medical fees,
- cost of drugs prescribed by a physician or surgeon,

- cost of an ambulance prescribed by a physician for transport to the nearest hospital, only if the Insurance Schemes refuse to assume it,
- hospitalisation costs provided that the Beneficiary is deemed non-transportable by a decision of the Assistance Company's medical staff taken after receiving information from the local physician (hospitalisation costs incurred as of the day on which the Assistance Company is able to repatriate the Beneficiary are not covered),
- cost of emergency dental treatment (up to a maximum of €155 incl. tax per event, with no deductible).

EXTENSION OF THE BENEFIT: ADVANCE OF HOSPITALISATION COSTS ABROAD (EXCLUDING FRANCE AND THE COUNTRY OF RESIDENCE)

Within the limit of the amounts of cover referred to above, the Assistance Company may advance hospitalisation costs incurred by the Beneficiary outside France and his Country of Residence under the following cumulative conditions:

- after obtaining information from the local physician, the Assistance Company's medical staff must deem it impossible for the Beneficiary to be immediately repatriated to his Country of Residence;
- the treatment to which the advance applies must be prescribed with the agreement of the Assistance Company's medical staff;
- the Beneficiary or any person authorised by him must formally undertake, by signing a specific document provided by the Assistance Company when the benefit is provided:
 - to take steps to have Insurance Schemes assume the costs within 15 days of the date on which the Assistance Company sends the necessary information for such steps;
 - to repay the Assistance Company amounts received in that respect from Insurance Schemes within a week following receipt thereof.

Within the limit of the amount of cover for the «Medical costs in another country» benefit, the Assistance Company will assume only the costs not assumed by Insurance Schemes. The Beneficiary must provide The Assistance Company with the certificate of non-coverage issued by the Insurance Schemes within a week following receipt thereof.

Beneficiaries who fail to take steps to get Insurance Schemes to assume the costs within the specified time or fail to provide the Assistance Company with the certificate of non-coverage issued by the Insurance Schemes within the specified time may not under any circumstances claim the «Medical expenses abroad» benefit and must repay all hospitalisation costs advanced by the Assistance Company, which will where appropriate take all relevant steps to recover such costs at the Beneficiary's expense.

REPLACEMENT DRIVER

If a Beneficiary falls ill or is injured during a trip to one of the countries listed below and is no longer able to drive his vehicle, and if no passenger is able to replace him, the Assistance Company will provide the Beneficiary with a driver to return the vehicle to his Place of Residence by the most direct route.

The Assistance Company will assume the cost of the driver's travel and wages. The Beneficiary remains liable for fuel and toll costs and the hotel and restaurant costs of any passengers.

The driver is required to comply with labour law. In particular, in accordance with the prevailing French regulations, he must stop for 45 minutes after four-and-a-half hours at the wheel and must not drive for more than nine hours in any one day.

If the Beneficiary's vehicle is more than eight years old and/or has more than 150,000 km on the odometer, or if its condition and/or load does not comply with the standards defined by the French highway code, the Beneficiary must inform the Assistance Company of the fact, in which case the Assistance Company reserves the right not to send a driver.

In such case, and instead of providing a driver, the Assistance Company will provide and assume the cost of a first class train ticket or economy class air ticket to go and collect the vehicle.

This benefit applies only in the following countries: France (including Monaco and Andorra but excluding overseas territorial collectivities), Spain, Portugal, Greece, Italy, Switzerland, Liechtenstein, Austria, Germany, Belgium, Netherlands, Luxembourg, United Kingdom, Ireland, Denmark, Norway, Sweden, Finland and Iceland.

TRANSMISSION OF URGENT MESSAGES FROM ABROAD

When the Beneficiary is travelling outside his Country of Residence, the Assistance Company can arrange for the transmission of urgent messages to his employer or a Family Member if the Beneficiary is not in a position to transmit them himself.

CHAPTER II – DEATH

REPATRIATION OF THE BODY

If a Beneficiary dies while travelling, the Assistance Company will organise and assume the cost of repatriating the body.

If the funeral takes place in the Beneficiary's Country of Residence, The Assistance Company will assume:

- the cost of transporting the body to the place of the funeral close to the Place of Residence,
- costs in connection with preserving the body imposed by the prevailing legislation,
- direct costs incurred in transporting the body (handling, specific transport arrangements, packaging).

All other costs are borne by the Beneficiary's family.

If the funeral takes place outside the Beneficiary's Country of Residence, the Assistance Company will organise repatriation of the body to the international airport nearest the place of the funeral and will assume expenses up to the amount that would have been incurred in order to repatriate the body to the Beneficiary's Place of Residence.

CHAPTER III – HOSPITALISATION OR DEATH OF A FAMILY MEMBER

EARLY RETURN IN THE EVENT OF HOSPITALISATION OF A FAMILY MEMBER

If a Beneficiary, while travelling, learns that a Family Member residing in the same country as him has been hospitalised unexpectedly for more than 24 consecutive hours, the Assistance Company will organise and assume the cost of his return so that he can visit the Family Member in hospital.

The benefit is limited to one Beneficiary per card. The Assistance Company will assume the cost of a return journey for the Beneficiary by train in first class or on a scheduled flight in economy class.

The Assistance Company reserves the right to ask for a certificate of hospitalisation for the Beneficiary's Family Member and/or a certificate of inheritance.

EARLY RETURN IN THE EVENT OF DEATH OF A FAMILY MEMBER

If a Beneficiary, while travelling, learns that a Family Member residing in the same country as him has died, the Assistance Company will organise and assume the cost of his return so that he can attend the funeral near the Beneficiary's Place of Residence.

The benefit is limited for each card:

- either to the cost of the return journey for a Beneficiary,
- or the cost of a single journey for two Beneficiaries travelling together, by train in first class or on a scheduled flight in economy class.

The Assistance Company reserves the right to ask for a certificate of death of the Beneficiary's Family Member and/or a certificate of inheritance.

CHAPTER IV – LEGAL PROCEEDINGS ABROAD

LEGAL ASSISTANCE ABROAD

If legal proceedings are brought against the Beneficiary following an unintentional breach of local law outside his Country of Residence and in his capacity as a private citizen:

- on presentation of a security deposit or IOU, the Assistance Company will advance the amount of any bail or security required by the local judicial authorities up to **€15,500**. If in the meantime the country's authorities repay the bail or security to the Beneficiary, he must immediately return it to the Assistance Company. The Assistance Company will not intervene for bail required following a road accident caused directly or indirectly by a breach of the local highway code, driving under the influence of alcohol or deliberate fault;
- The Assistance Company will contribute up to **€3,100** incl. tax of legal fees and advance up to **€15,500** incl. tax on presentation of a security deposit or IOU.

Repayment:

The Beneficiary undertakes to repay the amounts advanced within two months of the date on which the invoice is sent.

After the two-month deadline has elapsed, the Assistance Company reserves the right to initiate all relevant collection procedures.

CHAPTER V – THEFT OR LOSS OF CERTAIN PERSONAL ITEMS ABROAD

DISPATCH OF MEDICINES ABROAD

Where the Beneficiary, travelling outside his Country of Residence, is deprived through loss or theft of medicines essential for his health, the Assistance Company will arrange to obtain and dispatch them, if they or equivalent medicines advised by the Assistance Company's medical staff are unavailable locally (provided that the Beneficiary supplies the contact details of his usual physician).

The Assistance Company will arrange for the medicines to be dispatched by the quickest means possible, subject to local and French legal requirements, and will reinvoice the Beneficiary for customs charges and the price of the medicines.

DISPATCH OF GLASSES OR HEARING AIDS ABROAD

If the Beneficiary is unable to obtain the glasses, contact lenses or hearing aids he usually wears following the theft or loss of such items while travelling outside his Country of Residence, the Assistance Company will arrange to have them sent to him by the most appropriate means.

The request, submitted by the Beneficiary, must be sent by fax, email or registered mail and give full and precise details of the glasses (type of lens, frames), contact lenses or hearing aids.

The Assistance Company will contact the Beneficiary's usual optician or hearing-aid technician in order to obtain a prescription. The Beneficiary will be informed of the price of making new glasses, contact lenses or hearing aids and asked to give his written consent and an undertaking to pay the corresponding invoice before they are dispatched.

If he fails to do so, the Assistance Company cannot be required to provide the benefit.

The Assistance Company will assume the cost of dispatching the new glasses, contact lenses or hearing aids by the quickest means, subject to local and French legal requirements, and will reinvoice the Beneficiary for customs charges and the price of making the items.

The Assistance Company declines all responsibility if, for reasons beyond its control (manufacturing lead times or any other case of Force Majeure), the glasses, contact lenses or hearing aids do not arrive at the scheduled date.

SHIPMENT OF PROFESSIONAL FILES AND/OR ITEMS ABROAD

If a Beneficiary travelling outside his Country of Residence loses professional files and/or items or has them stolen, the Assistance Company undertakes to obtain copies of such files and/or replacement items from the designated person in order

to ship them to the Beneficiary. The Assistance Company declines all responsibility as to the nature and content of the transported documents.

Transport costs, customs charges and other shipping costs are payable by the employer or the Beneficiary, who should advise the Assistance Company of any export formalities to be accomplished. The total weight of the documents and/or items to be shipped may not under any circumstances exceed 5 kg, packaging included.

Shipments organised by the Assistance Company are subject to French and foreign customs regulations. The Assistance Company declines all responsibility if, for reasons beyond its control (strike, war or some other case of Force Majeure), the files do not arrive at the scheduled date.

4 – COMMON DISPOSITIONS - ASSISTANCE PART

EXCLUSIONS

1. NO ASSISTANCE BENEFIT WILL BE PROVIDED:

1-A. IN COUNTRIES:

- INVOLVED IN A CIVIL OR FOREIGN WAR,
- IN A GENERALLY ACKNOWLEDGED STATE OF POLITICAL INSTABILITY,
- SUFFERING FROM POPULAR MOVEMENTS, RIOTS, TERRORIST ACTS, REPRISALS OR RESTRICTIONS ON THE FREE MOVEMENT OF PERSONS AND GOODS;

1-B. IN THE EVENT OF A JOURNEY:

- UNDERTAKEN FOR THE PURPOSES OF MEDICAL DIAGNOSIS AND/OR TREATMENT,
- CONNECTED WITH MILITARY OR POLICE ACTIVITIES;

1-C. FOR REQUESTS FOLLOWING BODILY INJURY OR DEATH RESULTING FROM:

- A DELIBERATE OR MALICIOUS ACT BY THE BENEFICIARY OR A CLOSE RELATIVE (SPOUSE, PARTNER, ASCENDANT OR DESCENDANT) AND THE CONSEQUENCES THEREOF, AS SET FORTH AT ARTICLE L. 113-1 OF THE INSURANCE CODE,
- THE DISINTEGRATION OF AN ATOMIC NUCLEUS,
- THE USE OF WEAPONS OR FIREARMS,
- THE PRACTICE OF AN AERIAL OR HIGH-RISK SPORT, INCLUDING HANG-GLIDING, POLO, SKELETON, BOBSLEIGH, ICE HOCKEY, SCUBA DIVING, CAVING AND POTHOLING, BUNGEE JUMPING AND ANY OTHER SPORT REQUIRING THE USE OF A MOTORISED VEHICLE,
- PARTICIPATION IN COMPETITIONS REQUIRING A LICENCE,
- STRIKES OR LOCK-OUTS,
- INVOLVEMENT IN GAMBLING, FIGHTING OR BRAWLING,
- NON-URGENT PATHOLOGICAL CONDITIONS,
- SURGICAL OPERATIONS, PATHOLOGICAL CONDITIONS PRESENT PRIOR TO THE DATE OF DEPARTURE AND ANY RELAPSES AND/OR COMPLICATIONS AND ILLNESSES UNDER TREATMENT NOT CONSOLIDATED BEFORE THE JOURNEY (PROOF OF THE DATE OF DEPARTURE MAY BE REQUESTED),
- INCIDENTS AND COMPLICATIONS RELATING TO A PREGNANCY WHERE THE BENEFICIARY WAS AWARE BEFORE THE DEPARTURE DATE OF A HIGHER-THAN-NORMAL PROBABILITY OF THEIR OCCURRENCE,
- PREGNANCY OR CHILDBIRTH AFTER THE FIRST DAY OF THE 7TH MONTH,
- PREMATURITY,
- ABORTION OR MEDICALLY ASSISTED PROCREATION AND THEIR COMPLICATIONS,
- MENTAL, PSYCHIATRIC OR NERVOUS DISORDERS (INCLUDING DEPRESSION),
- USE BY THE BENEFICIARY OF MEDICINES, DRUGS, NARCOTICS, TRANQUILISERS AND/OR SIMILAR PRODUCTS NOT UNDER MEDICAL PRESCRIPTION,
- AN ALCOHOLIC STATE DETERMINED BY THE PRESENCE IN THE BLOOD OF A PURE ALCOHOL LEVEL EQUAL TO OR HIGHER THAN THE LEVEL SET BY THE PREVAILING DRINK-DRIVING LAWS IN FRANCE AT THE TIME OF THE ACCIDENT,

- SUICIDE OR ATTEMPTED SUICIDE.
- 2. THE FOLLOWING ARE NEVER COVERED:
 - COSTS NOT EXPRESSLY MENTIONED IN THE POLICY,
 - COSTS NOT SUPPORTED BY ORIGINAL DOCUMENTS,
 - THE COSTS OF OPHTHALMOLOGICAL CONSULTATION OR SURGERY UNLESS THEY ARE A DIRECT CONSEQUENCE OF A COVERED EVENT,
 - THE COSTS OF GLASSES OR CONTACT LENSES AND OPTICAL EXPENSES IN GENERAL,
 - THE COSTS OF MEDICAL DEVICES, ORTHESES AND PROSTHESES,
 - THE COSTS OF ANY KIND OF HEALTH CURE,
 - TREATMENT OF A COSMETIC NATURE,
 - THE COSTS OF CONVALESCENCE, MEDICAL REHABILITATION OR DETOXIFICATION,
 - THE COSTS OF REHABILITATION, PHYSIOTHERAPY OR CHIROPRACTIC,
 - THE COSTS OF VACCINES AND VACCINATION,
 - THE COSTS OF HEALTH CHECK-UPS AND MEDICAL TREATMENT ORDERED IN FRANCE OR IN THE COUNTRY OF RESIDENCE,
 - THE COSTS OF MEDICAL OR PARAMEDICAL SERVICES AND THE PURCHASE OF PRODUCTS WHOSE THERAPEUTIC VALUE IS NOT RECOGNISED BY FRENCH LAW,
 - THE COST OF A FINAL COFFIN,
 - RESTAURANT EXPENSES,
 - THE COST OF EXCESS BAGGAGE IN THE EVENT OF REPATRIATION BY SCHEDULED FLIGHT,
 - CUSTOMS CHARGES,
 - THE COST OF CANCELLING OR INTERRUPTING A TRIP,
 - SEARCH AND RESCUE COSTS (MOUNTAIN, SEA, DESERT OR ANY OTHER INHOSPITABLE PLACE),
 - FIRST AID AND PRIMARY TRANSPORT COSTS.

EXCEPTIONAL CIRCUMSTANCES

The Assistance Company will use all available means to provide assistance. However, the Assistance Company cannot be held responsible if such means are unavailable or non-existent in the geographical area for which the assistance request is made.

The Assistance Company does not guarantee performance of the services and may not be held liable in cases of Force Majeure as customarily recognised by the case law of the French courts.

RECOVERY OF TICKETS

When transport is organised and paid for, the Beneficiary undertakes:

- either to let the Assistance Company use the ticket he already has for his return,
- or to pay the Assistance Company any amounts he may obtain in reimbursement from the issuer of the ticket.

SUBROGATION

In accordance with Article L. 121-12 of the Insurance Code, the Assistance Company is subrogated up to the amount of the sums it pays in the Beneficiary's rights and actions against any person responsible for the claim.

PART 3 - COMMON PROVISIONS ASSURANCE & ASSISTANCE

These Common Provisions apply to all coverages in the policy.

For the proper understanding of what follows, all terms that appear underlined and with the first letter in capital letters in the body of this Part 3 «Common Provisions» refer to the definitions set out in Part 1 «Insurance» and Part 2 «Assistance».

INFORMATION - CHANGES TO THE CONTRACT

The Policyholder undertakes to provide the Cardholder with this information sheet when the Card is taken out.

Any changes made by the Insurer and the Policyholder to this Information Memorandum may be invoked against the Insureds provided that the Policyholder has been informed of them by any means, at least three months before the date on which they are due to take effect.

ACCUMULATION OF COVER

In accordance with Article L.121-4 of the Insurance Code, a person who is insured with several insurers under several policies, for the same interest, against the same risk, must immediately inform each insurer of the other insurers. The Insured must, at the time of this communication, make known the name of the insurer with whom another insurance policy has been taken out and indicate the sum insured.

LIMITATION PERIOD

In accordance with the provisions of Articles L. 114-1 et seq. of the Insurance Code, all actions deriving from an insurance contract are time-barred after two years from the event giving rise to them. As an exception, actions arising from an insurance contract relating to damage resulting from land movements due to drought and soil dehydration, recognised as a natural disaster under the conditions set out in Article L. 125-1 of the Insurance Code, are barred after five years from the event giving rise to them.

However, this period does not run :

- in the case of concealment, omission, false or inaccurate declaration of the risk incurred, from the day when the Insurer became aware of it;
- in the event of a Claim, only from the day when the interested parties became aware of it, if they prove that they were unaware of it until then.

When the Insured's action against the Insurer is based on the recourse of a third party, the period of prescription shall run only from the day on which this third party has taken legal action against the Insured or has been compensated by the latter.

The limitation period is extended to ten years in insurance contracts against accidents to persons, when the beneficiaries are the rightful claimants of the deceased Insured.

The prescription is interrupted :

- by one of the ordinary causes of interruption of the prescription, namely :
 - o any legal claim, including in summary proceedings, any order, seizure or protective or enforcement measure served on the person who is to be prevented from prescribing, in accordance with articles 2241 to 2244 of the Civil Code ;
 - o any unequivocal recognition by the Insurer of the Insured's right, or any acknowledgement of debt by the Policyholder to the Insurer in accordance with Article 2240 of the Civil Code;
 - o any legal claim or compulsory execution measure against a joint and several debtor, any acknowledgement by the Insurer of the right of the Insured or any acknowledgement of debt by one of the joint and several debtors shall interrupt the limitation period with regard to all the joint and several debtors and their heirs, in accordance with Article 2245 of the Civil Code ;
- as well as in the following cases provided for by Article L. 114-2 of the Insurance Code:
 - any appointment of an expert following a Claim;
 - any sending of a registered letter or electronic registered letter with acknowledgement of receipt by :
 - the Insurer to the Policyholder for non-payment of the premium ;
 - the Insured to the Insurer for payment of the indemnity.

Notwithstanding Article 2254 of the Civil Code, and in accordance with Article L. 114-3 of the Insurance Code, the parties to the insurance contract may not, even by mutual agreement, modify the duration of the limitation period, nor add to the causes of its suspension or interruption.

APPLICABLE LAW AND JURISDICTION

This Information Notice, drawn up in French, shall be interpreted and executed in accordance with French law. The contracting parties declare that they submit to the jurisdiction of the French courts and renounce any proceedings in any other country.

SUPERVISORY AUTHORITY OF THE INSURER

AIG Europe SA, an insurance company, registered in Luxembourg (RCS No. B 218806) with its registered office at 35 D Avenue J.F. Kennedy, L-1855, Luxembourg. AIG Europe SA is authorized by the Luxembourg Ministry of Finance and supervised by the Commissariat aux Assurances 7, boulevard Joseph II, L-1840 Luxembourg, GD de Luxembourg, Tel: (+352) 22 69 11 - 1, caa@caa.lu, <http://www.caa.lu>.

The annual report on the solvency and financial situation of AIG Europe SA is available at <http://www.aig.lu>.

Branch office for France Tour CBX, 1 Passerelle des Reflets, 92400 Courbevoie - RCS Nanterre 838 136 463. The marketing of insurance contracts in France by the French branch of AIG Europe SA is subject to applicable French regulations, under the supervision of the Autorité de Contrôle Prudentiel et de Résolution, 4 place de Budapest, CS 92459, 75436 Paris Cedex 09. <https://acpr.banque-france.fr/>.

COMPLAINTS - MEDIATOR

In the event of dissatisfaction relating to the conclusion or execution of this contract, the Insured may contact the Insurer by contacting his usual contact person or the «customer service» at:

AIG Europe SA

Customer Service

CBX Tower

1 Passerelle des Reflets

92913 Paris La Défense Cedex

The request must indicate the policy number and specify its purpose.

The Insurer's French branch undertakes to acknowledge receipt within five (5) working days and to provide a reply within thirty (30) days of receipt of this request, except in special circumstances of which the Insured will be informed.

Where the claimant is a natural person acting for non-professional purposes and the disagreement persists after the reply given by the French branch of the Insurer, the claimant may refer the matter to the French Insurance Mediator at the following address: La Médiation de l'Assurance, TSA 50110, 75441 Paris Cedex 09, or by filling in the online form on the website <http://www.mediation-assurance.org> or by e-mail at le.mediateur@mediation-assurance.org.

As AIG Europe SA is a Luxembourg insurance company, the Insured may, if the disagreement persists despite the reply given by the Insurer or in the absence of a reply after a period of 90 days

- raise the claim at our head office, by writing either by post to: AIG Europe SA «Service Réclamation Niveau Direction», 35D avenue John F. Kennedy, L-1855 Luxembourg, or by email to: aigeurope.luxcomplaints@aig.com; or
- refer the matter to one of the Luxembourg mediation bodies whose contact details can be found on the AIG Europe SA website at the following address: <http://aig.lu>; or
- submit an extra-judicial appeal to the Commissariat aux Assurances of Luxembourg (CAA), either by post to the address of the CAA, 7 boulevard Joseph II, L-1840 Luxembourg, or by fax to the CAA at +352 22 69 10, or by email to reclamation@caa.lu, or online on the CAA website <http://www.caa.lu>.

The Insured who has subscribed via the internet also has the possibility of using the European Commission's Online Dispute Resolution (ODR) platform at the following address: <http://ec.europa.eu/consumers/odr/>.

PROTECTION OF PERSONAL DATA

In its capacity as data controller under the European Regulation 2016/679 on the Protection of Personal Data, the Insurer undertakes to protect the personal data of its clients, insureds and partners in accordance with the said regulation. The personal data collected by the Insurer is collected for the purpose of enabling (whether or not by automated means) the underwriting and management of insurance contracts and claims. The Insurer may also use the personal data collected in the context of crime prevention (in particular in the fight against fraud and money laundering). The Insurer may communicate personal data to its group companies, service providers and other third parties for the same purposes. Personal data may be transferred abroad, including to countries outside the European Economic Area. Such transfers are subject to appropriate safeguards, including contractual safeguards, in accordance with applicable European regulations. Data subjects have certain rights relating to their personal data and in particular the rights of access, rectification, limitation of use, opposition, deletion or portability. Further information on the use of personal data by the Insurer and on the rights of the persons concerned is available on <http://www.aigassurance.fr/protection-des-donneespersonnelles>.

Any data subject may exercise his rights by writing to AIG Service Conformité, Tour CBX, 1 Passerelle des Reflets, 92400 Courbevoie or by e-mail to donneespersonnelles.fr@aig.com. A copy of the Insurer's Personal Data Protection Policy may be obtained by writing as above. Any person concerned may also object, by simple letter sent as indicated above, to their personal data being used for commercial prospecting purposes.

SANCTION CLAUSE AND TERRITORIALITY

The Insurer shall not make any payment where the Insured appears on any official, governmental or police database of persons known or presumed to be terrorists, traffickers in drugs or human beings, or involved or presumed to be involved in the illegal trade in nuclear, chemical or biological weapons, in human trafficking or piracy, in cybercrime, organized crime or human rights violations.

In addition, and in accordance with Article 6 of the Civil Code, it is recalled that none of the guarantees of the Contract may be applied if they relate to a risk whose insurability would be contrary to public policy, or if the Insurer is prohibited from providing an insurance contract or service by reason of a sanction, restriction, prohibition or embargo prescribed by the laws or regulations of the United States of America or any other State, or by any decision of the United Nations Organization or the European Union.



Societe Generale S.A. with a capital of €1,010,261,206.25. Registered office: 29, bd. Haussmann 75009 Paris, France. Trade Registry of Paris no. 552 120 222. Represented by the Director of Payment Instruments (BDDF/PAY/MON, 75886 Paris Cedex 18, France). Societe Generale Studio - Réf. : (I) 714020 – 05/2023.

