

Confirmation of insurance cover

Transport accident insurance



First Data Deutschland GmbH, Frankfurt, has concluded comprehensive insurance cover with AGA International S.A., Aschheim near Munich, for the benefit of holders of a valid MasterCard® Business. For details please refer to the attached terms and conditions of insurance.

Global Assistance

Allianz 

Your benefits at a glance

Transport accident insurance

Provides compensation should an insured accident whilst using a means of transport lead to the permanent invalidity or death of an insured person during a trip.

Where to seek help if you have questions and in emergencies

If you have questions on insurance benefits...

... we will be glad to help. Please use our service times from 8.30 am to 7 pm on Mondays to Fridays and Saturdays from 9.00 am to 2.00 pm (excluding public holidays) for this purpose.

You can reach our service centre via

Telephone +49 (0) 89 6 24 24 - 548

Telefax +49 (0) 89 6 24 24 - 244

E-mail: service@allianz-assistance.de

If you require help in an emergency...

... the Assistance is there to help you. Our 24-hour emergency service can offer you rapid and expert help round the clock anywhere in the world!

Telephone +49 (0) 89 6 24 24 - 548

Telefax +49 (0) 89 6 24 24 - 246

If you would like to report a claim to us...

... you can do that quickly, easily and at any time at www.allianz-assistance.de/schadenmeldung (Alternatively also by post to our Claims Department):

AGA International S.A.

German branch office

Claims Department

Bahnhofstraße 16

D - 85609 Aschheim near Munich

You can reach us by telephone or by fax under the service numbers referred to above.

Insurance company's address

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AGA International S.A.

German branch office

Bahnhofstraße 16

D - 85609 Aschheim near Munich

CEO: Olaf Nink

Registry court: Munich HRB 4605

VAT identification number DE 129274528

Insurance tax number: 9116 80200191

AGA International S.A.

Plc under French law

Company's registered office: Paris (France)

Commercial register: R.C.S. Paris 519 490 080

Board of management: Rémi Grenier (chairman), Laurence Maurice,

Dr. Ulrich Delius, Roland Rykart, Michael Nelson, Fabio de Ferrari

Main business activity: The company is an insurance company and provides principally travel insurance.

This translation is for information purposes only. In the event of any conflict or inconsistency between the German and the English versions, the German original shall prevail.

Contractual data

The contractual data refers to the insurance terms and conditions. Together with the insurance terms and conditions, they determine the exact scope of the insurance.

Standard Terms and Conditions of Insurance:

Policyholder:

First Data Deutschland GmbH
Konrad-Adenauer-Allee 1
61118 Bad Vilbel

Insured persons (§ 1):

As part of the transport accident insurance the legitimate holder of a valid MasterCard® Business (hereafter referred to as the credit card). Also, on trips together with the cardholder the cardholder's partner, provided that he/she lives in the same household; the cardholder's or partner's unmarried children (including stepchildren, adopted and foster children) up to the age of 25, provided they are dependent and are receiving support payments.

Area of validity (§ 2):

Insurance cover is provided for all trips worldwide as part of transport accident insurance.

Beginning of insurance cover / end of insurance cover (§ 3):

The transport accident insurance applies to travel within the insured periods of time.

- For customers who are in possession of a valid credit card on 01.01.2016:
The insurance cover of all insurance benefits starts on 01.01.2016.
- For all customers who apply for a new credit card from the 01.01.2016:
The insurance cover of all insurance benefits listed below starts on the date of the application for the credit card subject to the conclusion of a valid credit card contract.

Required use of the card (§ 4):

As part of Transport accident insurance cover will apply dependent on whether the credit card is being used as a means of payment.

Special obligations (§ 6 no. 4):

Not applicable

Transport accident insurance

Scope (§ 1):

- Assuming that the transport or car hire company is paid in accordance with § 4 of the Standard Terms and Conditions of Insurance, insurance cover is provided:
 - From entering to leaving the
 - public transport vehicle,
 - hire car (car, estate wagon),
 - hired motor caravan;

- As a passenger on direct or round trips by air in a propeller or jet aircraft or in a helicopter (not however as the pilot (also in a hobby aircraft) or as any other member of the crew of an aircraft) from the time of arriving at the airport to the time of leaving, including the flight;
 - From entering to leaving the airport, including the total area covered by the airport. Should public transport be used in order to reach or to leave the airport, the direct trip straight to or from the airport is also insured – the same applies to substitute transportation provided by the airline.
In the case of the trip to the airport, cover is only provided if it can be proved that the subsequent flight was paid for with the credit card(s) referred to in § 1 of the Standard Terms and Conditions of Insurance;
 - During an overnight stay as a guest in a hotel building; and this assuming that the transport company / hotel accepts MasterCard® as a means of payment and the credit card is used to pay for transport and the hotel.
- In the case of rental of a hire car or accommodation in a hotel, insurance cover is only provided if the traveller confirms by the signature in the car hire rental contract, in the hotel registration form or in some other written form in each individual case that payment was made by means of the credit card(s) referred to in § 1 of the Standard Terms and Conditions of Insurance or that a down payment was made by means of one of these credit cards.

Sum insured in the event of death (§ 3):

€ 260,000.00

For children under the age of 14, € 5,200.00 will be paid as compensation in the event of death.

Sum insured in the event of invalidity (§ 4):

Up to € 260,000.00

Limitations (§ 5 nos. 2 and 3):

No. 2: considered not to have been agreed

No. 3: cumulative risk (maximum compensation paid to all the insured persons injured in an insured event covered through MasterCard® Business):

€ 52,000,000.00 in the event of death

€ 52,000,000.00 in the event of invalidity

€ 5,200.00 lump-sum reimbursement of costs in the event of inpatient treatment

€ 1,550,000.00 costs of recovery

Lump-sum reimbursement of costs in the event of inpatient treatment

(§ 6 no. 1):

€ 26.00 per day

Cost reimbursement for cosmetic operations (§ 6 no. 2):

Up to € 1,000.00

Supplement for costs of recovery:

Reimbursement of costs of search, rescue and recovery measures

following an accident (§ 1 Supplement for costs of recovery):

€ 10,000.00

Standard Terms and Conditions of Insurance (AVB)

(abbreviated to: AVB AB 14 KI FDD)

On behalf of the savings institutions ("Sparkassen")/banks that the policyholder has concluded in the area covered by the group insurance contract concluded with AGA International S.A., Bahnhofstraße 16, D - 85609 Aschheim near Munich, the policyholder has agreed comprehensive insurance cover for the insured persons referred to in the contractual data on the basis of the terms and conditions printed below. The premium for these insurance policies is paid by First Data Deutschland GmbH or your bank out of the annual card subscription fee. The following rules under §§ 1 to 11 apply to all insurances of the persons insured through this credit card.

§ 1 Who is insured?

The insured persons are those persons referred to in the contractual data or the group of individuals described there. The insured person is entitled to exercise the rights in the insurance contract directly. Should two or more credit contracts have been concluded, insurance benefits may only be claimed once. The insurance benefits are not accumulative.

§ 2 What is the area covered by the insurance?

The area of validity for the individual insured parties is set out in the contractual data.

§ 3 When does the insurance begin and end?

Unless anything to the contrary has been agreed in the contractual data and subject to the conclusion of a valid credit card contract, the insured person will be covered from the time the credit card is applied for and cover will end as soon as the termination of the credit card contract comes into force.

§ 4 Is insurance cover conditional on the use of a credit card as a means of payment?

The provisions referred to in the contractual data will apply.

§ 5 In which cases is no insurance cover provided?

- The following situations are not insured
 - Damage caused by strikes, nuclear energy, confiscation and other actions by sovereign authorities as well as damage incurred in areas covered by a travel warning issued by the German Foreign Office at the time this area was entered. Should an insured person actually be in the area concerned at the time the travel warning is issued, insurance cover will end 14 days after publication of the warning; insurance cover will continue in spite of the travel warning should the end of the trip be postponed for reasons for which the insured person is not responsible;
 - Damage caused by war, civil war and warlike events. Insurance cover will still be provided however if the damage occurs within the first 14 days after the beginning of the events; insurance cover will however continue should the end of the trip be postponed for reasons for which the insured person is not responsible. Insurance cover will however not be provided under any circumstances should the insured person be in a country on whose territory war or civil war is already taking place or should an outbreak be foreseeable. Damage as a result of active participation in war, civil war or warlike events is not insured;
 - Damage caused intentionally by the insured person;
 - Expeditions, unless anything else has been agreed;
 - Damage caused indirectly or directly through the use of atomic, biological or chemical weapons materials.
- Should the insured person not have a residence in the EU or the EEA, insurance cover will only be provided for travel within Europe or in Mediterranean coastal states.
- No insurance cover will be provided in the event of economic, trade or financial sanctions or an embargo imposed by the European Union or the Federal Republic of Germany that are directly applicable to the contractual parties and that are contrary to insurance cover. This will also apply in the event of economic, trade or financial sanctions or an embargo imposed by the United States of America unless this is contrary to European or German law. The remaining provisions of the contract are not affected.

§ 6 What must the insured person do under all circumstances in the event of a claim (Obligations)?

The insured person is required to:

- Keep damage as low as possible and avoid unnecessary costs;
- Notify AGA of the damage immediately;
- Describe the incident that caused the damage and the amount of damage, give AGA a truthful account of all relevant information and allow AGA to make a reasonable check on the cause and the amount of the claim lodged. The insured person is required to submit the originals of invoices and other documents as proof and, should this be necessary, release doctors – including doctors provided by the Assistance – from their confidentiality to the extent that knowledge of this information is necessary in order to assess the obligation to provide benefits and the scope of these benefits. AGA will not be required to provide benefits should it not be able to establish the amount and the scope of its obligation because the insured person refuses to release the doctor from his obligation to confidentiality and not enable AGA to determine its obligation in any other way;
- Provide suitable evidence of the nature of the trip in accordance with the contractual data;
- Provide suitable evidence of the start date of the trip.

§ 7 When does AGA pay compensation?

Provided AGA has established its obligation to pay and the amount of the benefit, compensation will be paid within two weeks. Payment will be made solely by transfer into a bank account.

§ 8 What happens should the insured person have claims for damages against third parties?

- In accordance with the provisions of the law, claims for damages against third parties are transferred to AGA up to the amount of the payment made, provided that the insured person does not incur any disadvantage as a result.
- Subject to this limitation, the insured person is required to confirm the transfer of rights in writing, should AGA request this.
- Obligations by other insurers or social insurance institutions to pay benefits have priority over AGA's obligation to indemnify. AGA will be obliged to pay in advance provided claims are initially made against it through the submission of original invoices.

§ 9 When does the insured person lose entitlement to insurance benefits if obligations are infringed or should the claim have become time expired?

- Should an obligation have been deliberately infringed, AGA is absolved from its obligation to pay benefits; in the event of a grossly negligent infringement, AGA is entitled to reduce the benefit in proportion to the seriousness of the insured person's infringement.
- The insured person is required to prove that he was not guilty of gross negligence. Except in cases of fraudulent intent, AGA is required to pay benefits provided that the insured person can prove that the infringement of the obligation was the cause neither of the occurrence nor the discovery nor the degree of AGA's obligation to provide benefits.
- The claim to insurance benefits will expire in three years calculated from the end of the year in which the claim occurred and the insured person learnt of the circumstances justifying the assertion of a claim or should have learnt in the absence of gross negligence.

§ 10 What is the stipulated form for the submission of declarations of intent?

- Notices and declarations of intent by the insured person and the insurer must be in text form (e.g. by letter, fax or e-mail).
- Insurance brokers are not authorised to accept such documents.

§ 11 Which court in Germany is responsible for the assertion of claims under the insurance contract? Which law is applicable?

- At the insured person's option, the place of jurisdiction is Munich or the place in Germany in which the insured person has his permanent residence or his habitual place of abode at the time the suit is filed.
- The contractual relationship is subject to German law unless this contradicts international law.

Transport accident insurance

(Abbreviated to: AVB VU 14 KI FDD)

§ 1 What is insured? What constitutes an accident?

- AGA will provide insurance benefits from the agreed sum insured should an accident during the trip whilst using a means of transport or in the event of overnight accommodation in a hotel in accordance with the contractual data entail the death or permanent invalidity of the insured person.
- An accident will have occurred
 - Should the insured person involuntarily suffer damage to his/her health as a result of a sudden external event impacting his/her body;
 - Should a limb be dislocated or muscles, tendons, ligaments or capsules be pulled or torn as a result of over-exertion.In the event of frostbite, the benefits referred to under § 5 no. 2 will be granted.

§ 2 Under what circumstances is no insurance cover provided?

The following circumstances are not covered by the insurance:

- Accidents caused by mental disturbances or impaired consciousness, strokes, cramp attacks that affect the whole body as well as pathological disturbances as a result of psychic reactions; this also applies should the condition be due to the influence of alcohol or drugs;
- Accidents incurred by the insured person whilst intentionally committing a crime;
- Accidents incurred by the insured person as pilot of an aeroplane (also hobby aircraft) as well as any other member of the crew of an aircraft;
- Damage to health caused by healing measures and other surgical actions on the insured person's body carried out with his consent, radiation, infections and poisoning unless these are due to the accident;
- Internal bleeding and cerebral haemorrhage unless the accident suffered during the trip is the predominant cause;
- Pathological disturbances as a result of psychic reactions, irrespective of how they were caused.

§ 3 What benefits does AGA provide in the event of the insured person's death?

Should the accident lead to the insured person's death within a period of one year, AGA will pay the heirs the agreed sum insured in the contract data.

§ 4 What benefits does AGA provide in the event of the insured person's permanent invalidity?

Should the accident lead to a permanent impairment of the insured person's mental or physical capacity (invalidity) he/she will be entitled to a claim from the sum insured for invalidity in accordance with the contractual data.

- Invalidity must occur within a period of one year at the latest after the accident and also be medically established and claimed within a further period of three months.
- The amount of compensation is governed by the degree of invalidity. Subject to exclusion of evidence of greater or lesser invalidity, the following degrees of invalidity apply
 - In the event of the loss or incapacity

of an arm	70 %
of a hand	55 %
of a thumb	20 %
of a finger	10 %
of a leg	70 %
of a foot	40 %
of a toe	05 %
of an eye	50 %
of hearing in one ear	30 %
of the sense of smell or taste	10 %
 - In the event of the partial loss or an impairment of the functioning of one of these limbs or senses, the appropriate part of the percentage will be determined by a).
 - Should limbs or senses be affected by the accident but their loss or incapacity not be dealt with in a) or b), compensation will be governed by the extent to which normal physical capacity is impaired, solely in accordance with medical considerations.
 - Should the accident have affected several physical or mental functions, the degrees of invalidity governed by 2 a) to c) will be added together up to maximum compensation of 100 %.

- Should the accident have affected a physical or mental function that was already permanently impaired beforehand, a deduction equivalent to this previous invalidity will be made.
This will be calculated in accordance with no. 2.
- There will be no entitlement to invalidity benefit should death occur as a result of the accident within a year.
- Should the insured person die within a year for reasons unrelated to the accident or more than a year after the accident and should he/she have been entitled to invalidity benefit, compensation will be paid in accordance with the degree of invalidity that would have been anticipated on the basis of the most recent medical finding made.

§ 5 What restrictions are benefits subject to?

- Should illnesses or handicaps have also played a role in the damage to health caused by the accident or its consequences, compensation will be reduced in accordance with the share accounted for by this illness or infirmity, provided that this share is at least 25 %.
- Unless anything different has been agreed in the contractual data, a maximum of 10 % of the relevant sum insured will be paid in the event of death or invalidity as a result of frostbite.
- Should several persons covered by the insurance policies referred to in the contractual data have been injured as a result of the insured event and should the total amounts insured exceed the amount referred to in the contractual data, AGA's total compensation for all the insured persons collectively will be limited to this amount. The agreed sum insured for each individual person will be reduced in accordance with this relationship.
- The sums insured referred to in § 3 and § 4 represent the maximum benefits for each cardholder, irrespective of whether the insurance cover is provided by one or more cards referred to in the contractual data.

§ 6 Which additional benefits does AGA provide after an accident?

- Lump-sum recovery of expenses in the event of inpatient treatment
 - Provided that this has been agreed in the contractual data, AGA will pay a lump-sum amount equal to the amount agreed, without receipts, for the recovery of expenses for telephone, TV and additional meals also for visitors for every calendar day on which the insured person is fully subject to medically required inpatient treatment of the consequences of an accident, subject however to a maximum of two years calculated from the day of the accident.
 - No lump-sum amount for the recovery of expenses will be paid during a stay in sanatoriums, convalescent homes and spa institutions.
- Should the insured person require a cosmetic operation after treatment of his/her injuries has been completed, AGA will participate in the costs with the amount referred to in the contractual data unless a social insurance scheme or private insurer is liable to provide benefits.

§ 7 What must be done after an accident has occurred (obligations)?

The insured person is required

- To have himself examined by doctors appointed by AGA; AGA will pay the necessary costs of the examination including any loss of earnings incurred as a result;
- To release the doctor treating the insured person or assessing his/her condition, other insurers and public authorities from the obligation to confidentiality.

§ 8 When does AGA pay insurance benefits on account of permanent invalidity?

- As soon as AGA has received the documents that must be submitted to prove the cause and the consequences of the accident and on the conclusion of the healing procedures required in order to determine invalidity, it is required to state within three months whether and for what amount it recognises a claim.
- Should AGA acknowledge the claim, the insurance benefit will be paid within two weeks.
- Invalidity benefit can only be claimed prior to the conclusion of treatment within a year of the accident up to the sum insured in event of death.
- The insured person and AGA are entitled to have the degree of invalidity re-assessed by a doctor every year for a maximum period of three years subsequent to the accident. This right must be exercised prior to the deadline. Should the final examination establish a higher invalidity benefit than AGA has already provided, the additional amount will earn interest at the rate of 5 % per annum.

Recovery costs as part of transport accident insurance

§ 1 Which costs does AGA pay in the event of search, rescue and recovery measures?

Unless other insurance exists, AGA will pay costs up to the amount agreed in the contractual data for

1. Search, rescue and recovery assignments carried out by rescue services authorised accordingly;
2. First aid;
3. Transport to the nearest hospital including necessary additional costs

- incurred for the return trip to the home location as a result of the accident;
4. Return of accident victims to their home location.

§ 2 When is insurance cover provided?

Insurance cover is provided if the insured person has to be rescued or recovered because he/she

1. Has suffered an accident whilst using a means of transport or spending the night in a hotel in accordance with the contractual data,
2. Is in an emergency (e.g. in mountains or at sea) or
3. Is missing and it is feared that he/she has had an accident.

Additional provisions applicable to all forms of insurance

How to make a complaint:

Our aim is to offer first-class benefits. It is also important to us to deal with your concerns. Please let us know directly should you not be satisfied with our products or services. You can send us your complaints on contractual matters or concerning claims by every method of communication.

You can reach us by telephone at +49.89.6 24 24-460, by e-mail at service@allianz-assistance.de or by post at AGA International S.A., Complaints Management, Bahnhofstraße 16, D - 85609 Aschheim near Munich. You will find more detailed information on our complaints procedure under www.allianz-reiseversicherung.de/beschwerde.

You can also address complaints on all types of insurance to the responsible German regulatory agency: Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin), Graurheindorfer Straße 108, D-53117 Bonn (www.bafin.de).

The contractual relationship is subject to German law unless this contradicts international law. The policyholder or persons insured may pursue claims arising from the insurance contract with the court responsible for the insurer's head office or branch office. Should the policyholder or insured person be a natural person, claims may also be pursued before the court

in the area in which the policyholder or insured person has his permanent residence or, in the absence of a permanent residence, has his habitual place of abode at the time the complaint is lodged.

Data protection:

As required by the German Data Protection Law (BDSG), we inform you that, in the event of a claim, personal data required in order to fulfil the insurance contract data will be recorded and processed. Information might be sought from other insurers and enquiries from other insurers answered in order to check the application or the claim. Information will also be transmitted to the re-insurer.

You will be provided with the address of the respective recipient of the data on request.

Recording, processing and use of health data and forwarding data to other bodies:

The declarations of consent required to carry out or terminate your insurance contract were submitted at the time the contract was concluded. You will find explanations and information on data processing at the end of the terms and conditions.

General information in the event of a claim

What must be done in the event of a claim?

The insured person is required to keep the damage as low as possible and to provide evidence. Be sure therefore under all circumstances to keep appropriate evidence on how the damage occurred (e.g. confirmation of damage, attest) and on the extent of the damage (e.g. invoices, supporting documents).

What should you consider when making claims under the transport accident insurance?

Please make a note of the names and addresses of witnesses who saw the accident. Make sure you receive a copy of the police report should the police have been involved in investigations. Inform AGA and submit these documents and this information together with your claim report.

Declarations and information on data processing

I. Consent to the collection of health information and declaration granting relief from confidentiality obligation. The declarations granting consent and release from the confidentiality obligation printed under I were prepared on the basis of an agreement between the German Insurers (GDV) and the data protection authorities.

The German laws on insurance contracts, data protection and other data protection regulations do not provide an adequate legal basis for the recording, processing and use of health information by the insurer. For this reason, we require your consent in accordance with data protection law. In the event of an insurance claim, we might require release from the obligation to confidentiality in order to be able to obtain health information from bodies bound to confidentiality (e.g. doctors). Moreover, we also need your release from the confidentiality obligation in order to be able to forward information on your health and other data protected by § 203 of the German Penal Code, such as for example the existence of a contract with you, your customer number or data on identification, to other bodies, e.g. the Assistance, logistics or IT service providers. The following declarations of consent are indispensable in order to implement or terminate your insurance contract (processing your claim). Should you decline to provide this information, it will generally not be possible to conclude a contract. The declarations concern our handling information on your health and other data protected by the secrecy obligation (under 1), in connection with requests for information from third parties (under 2) and in forwarding it to bodies other than the insurer (under 3). The declarations also apply to persons also covered whom you legally represent, e.g. for your children, insofar as they not understand the significance of such consent and are therefore unable to submit declarations of their own.

1. Consent to recording, storing and using information about your health

I consent to AGA International S.A. recording, storing and using information on my health disclosed by me in future, provided that this is necessary in order to implement or terminate the insurance contract.

2. Requests for health data from third parties in order to verify an obligation to provide benefits

In order to verify an obligation to provide benefits, it may be necessary for us to verify information on the state of your health that you have provided in order to justify claims or that is derived from documents submitted (e.g. invoices, prescriptions, appraisals) or information from a doctor, for example, or some other member of a medical profession. The checks will only be carried out if they are necessary. We require your consent for this purpose, including release from the obligation to confidentiality for ourselves and for these bodies should information or other information covered by the confidentiality obligation have to be provided. We will inform you in each individual case of the persons or institutions requiring information and for what purpose. You may then decide in each case whether you consent to the insurer recording and using information on your health, whether to release the persons or institutions referred to and their employees from their obligation to confidentiality and whether information on your health may be transmitted to the insurer or whether you prefer to provide the required documents yourself.

3. Forwarding information on your health and other data covered by the confidentiality obligation to bodies outside AGA International S.A.

We bind the following bodies by contract to compliance with the regulations governing data protection and data security.

3.1 Forwarding data for the purposes of medical assessment

It may be necessary to involve medical assessors in the examination of the obligation to provide benefits. We need your consent and release from the confidentiality obligation for this purpose if information on your health and other data protected by a confidentiality obligation is to be forwarded in this connection. You will be notified every time data is to be forwarded.

I consent to AGA International S.A. forwarding information on my health to medical assessors should this be necessary in order to verify the obligation to provide benefits in my case and to the data being used for this purpose and to the return of this data to AGA. I release individuals and the assessors working for AGA International S.A. from their confidentiality obligation with regard to health information and other data protected by § 203 of the Penal Code.

3.2 Transfer of functions to other bodies (companies or individuals)

We do not always carry out certain functions ourselves that might entail recording, processing and using information about your health. We have therefore transferred these functions to other companies. Should information on your health protected by a confidentiality obligation be forwarded in such situations, we and, should this be necessary, these other bodies need your consent to release them from this obligation. We maintain a list that is permanently updated of the bodies and types of body who, according to agreement, record, process or use data protected by the confidentiality obligation on our behalf. You can find the functions that have been transferred to the individual bodies in this list. The current list is attached directly to the declarations.¹⁾ A current list may also be inspected on the Internet at www.allianz-reiseversicherung.de/datenverarbeitung or requested from us (AGA International S.A., Bahnhofstraße 16, D - 85609 Aschheim near Munich, telephone +49.89.62424-460, service@allianz-assistance.de). We need your consent in order to forward information about your health and for its use by the bodies referred to in the list.

I consent to AGA International S.A. transmitting information on my health to the bodies in the list referred to above and that this data may be recorded, processed and used for the same purposes and to the same extent as is permitted to AGA International S.A. Should this be required, I release the employees of the institutions appointed from their obligation to confidentiality in forwarding health information and other data protected by § 203 of the German Penal Code.

3.3 Forwarding information to re-insurers

In order to ensure fulfilment of your claims, AGA International S.A. may conclude contracts with re-insurers who assume all or part of the risk we have insured.

In certain cases, re-insurers make use of the services of other re-insurers for this purpose to whom they also forward your information. In order to enable the re-insurer to verify that AGA International S.A. has correctly assessed an insurance case, it is possible that AGA International S.A. may be required to submit the documentation regarding your claim to the re-insurer. Data on your existing contracts may also be forwarded to re-insurers in order to settle accounts on insurance claims. Wherever possible, anonymised or pseudo-anonymised data, but also personal health information, is used for the purposes referred to above. The re-insurers only use this personal data for the purposes referred to above. We will notify you whenever information on your health is forwarded to re-insurers.

I consent to AGA International S.A. transferring information on my health to the bodies in the list referred to above and that these bodies may record, process and use this data for the same purposes and to the same extent as is permitted to AGA International S.A. Should this be required, I release the employees of the institutions appointed from their obligation to confidentiality in forwarding health information and other data protected by § 203 of the German Penal Code.

Declarations by person(s) to be insured or by the legal representative of the person(s) to be insured:

I hereby submit on my own behalf and on behalf of the person(s) to be insured the declarations on data processing submitted by the applicant or those interested in insurance.

1) Allianz group companies (identified with *) and service providers who use personal information protected by the confidentiality obligation on behalf of the insurer and / or record, process or use health data:

- a Mondial Kundenservice GmbH * (benefits processing)
- b AWP Romania SA* (benefits processing)
- c Allianz Handwerker Services GmbH * (technical services for companies in the Allianz Group)
- d Allianz Managed Operations & Services SE * (shared services for companies in the Allianz Group)
- e AGA Service Deutschland GmbH * (assistance services)
- f rehacare GmbH *, company for medical and professional rehabilitation (rehabilitation services)
- g PPCI Global LTD. (technical services)
- h Mawista GmbH (sales and customer-related services, telephone services)
- i tricontes GmbH * (sales and customer-related services, telephone services)
- j IMB Consult GmbH (support in preparing medical appraisals)
- k ViaMed GmbH (medical consulting, support in preparing medical appraisals)
- l Appraisers (medical and nursing appraisal work and preparation of appraisals)
- m Nursing services and providers of medical equipment (procurement of nursing services and medical equipment providers)
- n Patient repatriation transportation (medically advisable or necessary repatriation from abroad)

II. Forwarding of data to other insurers

According to the Law on Insurance Contracts (VVG), in the event of a claim, the insured person is required to inform the insurer of all circumstances that are of importance in processing the claim. This might also include earlier illnesses and insurance cases or information on other similar insurances.

In certain cases, such as double insurance, legal assignment of claims and loss allocation agreements, insurers are required to exchange personal information. Also, in order to prevent insurance abuse, it may be necessary to request information from other insurers or to provide appropriate information on request. In such situations, information is forwarded regarding the person concerned, such as name and address, nature of insurance cover and the risk or information on the damage (type and amount of damage and the date on which it occurred).