INTRODUCTION
1. Allianz-Ţiriac Asigurări S.A., covers individuals for risks that are precisely mentioned in insurance policy and in corresponding Terms and Conditions.
2. Terms and Conditions together with the policy and with all other documents signed or agreed using on-line tools by the Insured at the Insurer request, as well as all documents issued by the Insurer, in written or electronic form, in connection with the present insurance are component part of the insurance contract.

DEFINITIONS
3. Throughout the present Terms and Conditions, the following definitions will be used:
   Pre-existing medical condition: an injury, an illness or their consequences, as well as any pathological or medical manifestation as a result of a disease or an accident that occurred before beginning insurance contract, no matter if the treatment was administrated or not, for which the Insured:
   a) was diagnosed or
   b) has requested care, received or followed treatment or used medical services, or
   c) knew about its existence, or
   d) presented objective manifestations/ symptoms/ signs documented in medical documents issued by a medical doctor or medical unit.
   Accident: an unexpected event, coming from outside, violent and that occurred independently of the Insured’s will.
   Terrorist act: all actions and/or threats that present public danger and affect national security, as they are qualified in actual legislation.
   Insurer: Allianz-Ţiriac Asigurări SA, registration number RA-017 in the Register of Insurers, Reinsurers and Intermediary in insurance and/or in reinsurance.
   Insured: natural person, nominated in the insurance policy, insured for the risks that are covered by the current Terms and Conditions, on the base of insurance contract.
   Acute disease: any symptom that occurs suddenly or that has a short term evolution for which, following a proper treatment, will result in a complete remediation.
   Chronic disease: an illness having at least one of the following characteristics:
   a) is permanent;
   b) determines a degree of residual invalidity;
   c) there is a high probability of relapse/ recurrence;
   d) is determined by an irreversible pathological alteration;
   e) is likely to generate long term medical surveillance.
   Medical expenses: the following expense categories will be considered:
   a) Insured’s ambulatory treatment: costs of treatment as result of a medical emergency or of an accident are covered, for maximum 15 calendar days from the insured risk occurrence date;
   b) Hospitalization: only if it takes place in an hospital, is performed under direct supervision of a medical doctor with enough diagnoses and therapy resources and is restricted to scientific recognized and clinical tested methods in that country.
   Repatriation expenses: the following categories of expenses will be included:
   a) Medical repatriation;
   b) Repatriation of the dead body including the expenses for obtaining repatriation authorization.

Company of Assistance: company mentioned in the policy, authorized to represent S.C. Allianz-Ţiriac Asigurări SA outside Romania’s borders, in order to offer assistance to the Insureds in case of an insured risk occurrence.

Policyholder: the person that concludes the insurance contract with the Insurer and in this role has the rights and responsibilities specified in Terms and Conditions.

Date of entry into force of the insurance contract: the date stated in the policy at which the Insurer liability starts;
Maturity date of the insurance contract: the date stated in the policy at which the insurance contract expires.

Termination date of the insurance contract: the date from which the Insurer liability for the future risks stops.

Force majeure: under this contract, the force majeure term means an unpredictable and insurmountable event, independent of any control of the involved party, resulting in temporary or permanent inability to partially or fully perform the contractual obligations and constitutes or is likely one or more of the following events: natural catastrophe, fire, flooding, explosion, lightening, tornados, earthquakes, landslides, outbreak of an infectious disease, war, civil war, blockade, insurrections, sabotage, terrorism, civil rebellion, state of necessity, state of emergency.

Insurance indemnity: the amount of money payable by the Insurer if risk insured by the insurance contract occurs.
Permanen Disability: the permanent body injury that is characterized by morfo-functional alterations, decrease in physical,
psiho-senzorial or intellectual potential that had occurred in 1 year from the date of the accident and that is not susceptible amelioration, as stipulated in Table 1 to the present Terms and Conditions.

**Insurance package:** any kind of insurance that covers one or more risks.

**Prejudice caused by the Insured to the Third Party:** are considered prejudes the following categories of expenses:

a) The amounts that Insured, as a natural person, is compelled to pay to the third prejudiced parties, as material damages (corporal injuries and/or property damages), due to his/her own charge;

b) The expenses of the Insured in civil case (law charges necessary for the development of justice and agreed by the civil court) if he/she was constrained to pay the claims;

c) Law charges expenses of the third party in order to fulfill the legal formalities to constrain the Insured to pay the claims, if the Insured was obliged by adjudgement to reimburse them.

**Insurance premium:** the single amount of money due to the Insurer by the Policyholder.

**Medical repatriation:** Insured's transportation, performed in special conditions, from abroad to the nearby hospital of the Insured domicile, that may offer the proper treatment, as well as transportation of a caretaker medical attendant, in case it is recommended by the medical doctor.

**Repatriation of the dead body:** transportation to Romania or to the residence country of the Insured deceased body, as a result of death caused by an insured risk and occurred during the validity period of the insurance policy.

**Recreational sport:** Insured’s occasionally engagement in recreational activities while traveling abroad, as: skiing, water skiing, snowboarding, skating, surfing, riding, carting, mountain cycling, rafting, etc.

**Sum insured:** the value specified in the policy, for a risk insured, within the limit of which the Insurer calculates the insurance indemnity and/or reimburse the Insured’s expenses.

**Standard tariff:** the insurance premium that the Policyholder has to pay for insurance of the risks mentioned in the contractual documents, excluding coverage of recreational sports.

**Tariff with recreational sport:** the increased insurance premium from the Standard tariff that the Policyholder has to pay, in exchange of the insurance, for the risks specified in the contractual documents, including coverage for recreational sport.

**Prejudiced third party:** the person legitimate to cash the insurance indemnity for the prejudices suffered as a result of Insured liability.

**Residential country:** the country in which the Insured has domicile and/or permanent residence and where he/she will be repatriate.

**Medical Emergency:** a body injury or an acute disease that is suspected to be an immediate life-threatening risk for the Insured or has a long-term consequence on his health and that requires immediate medical care.

**BEGINNING OF THE INSURER’S LIABILITY**

4. Insurer’s liability starts from the date mentioned in the policy as the date of entry into force of the insurance contract, but not before Insured crosses the Romania’s border in scope of traveling abroad and not before contractual premium is paid.

5. If at the moment of concluding the insurance contract, the Insured is not in Romania, the Insurer’s responsibility starts after 7 days, calculated from the next day of the policy issue and payment of the insurance premium. In this situation, if a claim occurs, the Insured has to proof that he/she left Romania with maximum 4 weeks before the beginning of the insurance contract.

6. If the date of departure and the date of entry into force of the insurance policy are the same, the cover will begin after 2 hours from the moment of it’s issue.

**CONCLUDING THE INSURANCE CONTRACT**

7. The Policyholder is the Insured, with the exception of minors where the Policyholder is the legal representative or the organized groups for which the Policyholder may be a different natural or legal persons.

8. It may be insured any person who’s age is between 0 and 70 years old at the moment of conclusion of the insurance. Throughout the present Terms and Conditions, the age of the Insured person is calculated as years of age at the moment of conclusion of the insurance policy.

9. The insurance contract is concluded for a period of minimum 2 days and maximum 365 days.

10. The Policyholder may choose to conclude insurance contract by one of the following insurance packages: Voiaj Direct, Voiaj Direct Plus and Voiaj Direct Extra.

11. The covers are different, depending on the insurance package as follows:

   a) Package Voiaj Direct covers:
      1. Medical Insurance;
      2. Personal Accidents Insurance;

   b) Package Voiaj Direct plus and Package Voiaj Direct Extra covers:
      1. Medical Insurance;
      2. Personal Accidents Insurance;
      3. Luggage Insurance;
      4. Liability Insurance to the third parties.

**RISKS INSURED**

12. Throughout Medical Insurance it is covered:

   a) Medical emergency occurred during the validity period of the insurance that reimburse the following:
      1. Medical expenses of the Insured during the validity period of the insurance and during travel abroad;
      2. Medical repatriation expenses during the validity period of the insurance and during travel abroad.

   b) Death of the Insured as a result of an accident or an unexpected disease, during the validity period of the insurance and during travel abroad, that was certified by death certificate issued by the authority for which the repatriation of the dead body expenses will be reimbursed.

13. Throughout Personal Accidents Insurance, the Insurer covers:

   a) Death of the Insured occurred during the validity period of the insurance as a result of an accident for which the Insurer pays the insurance indemnity;

   b) Permanent disability of the Insured as a result of an accident occurred during the validity period of the insurance that was settled/confirmed in maximum 1 year from the date of the accident, for which pays the insurance indemnity.
14. Throughout Luggage Insurance, the Insurer pays insurance indemnities in order to cover the damages occurred as a result of degradation, breakage or disappearance of the goods or luggage that belong to the Insured as a result of one of the following events:
   a) Accidents of the Insured or accident of the transportation vehicle where the Insured and his/her goods/ luggage were in;
   b) Fire, lightening, explosion, fall of bulks on the building/vehicle in which the goods of the Insured are in, earthquake, flooding, storms/haily rains, landslides, cumber of snow and/or of ice, avalanche, hurricanes, the consequences of breaking of pipes, c) Qualified theft or ruberry.
15. Throughout the Liability Insurance, the Insurer covers the prejudices from the Insured of the third parties as a direct consequence of ignorance or imprudence, for which he/she is accountable in front of the law, during the validity period of the insurance while travel abroad, for which the Insurer pays insurance indemnity.

TERRITORIAL LIMITS
16. The insured risk is covered, taking into account the Insured option for a specific package, as follows:
   a) Voiaj Direct and Voiaj Direct Plus: all countries with the exception of USA, Canada, Romania or residential country of the Insured;
   b) Voiaj Direct Extra: all countries with the exception of Romania or residential country of the Insured.

SUM INSURED
17. The sum insured for an Insured person are in accordance with the insurance package chosen, as follows:
   a) Voiaj Direct:
      1. Medical insurance: 30.000 EUR from which 10.000 EUR are repatriation expenses;
      2. Personal accidents Insurance: 1.000 EUR.
   b) Voiaj Direct Plus:
      1. Medical insurance: 50.000 EUR from which 10.000 EUR are repatriation expenses;
      2. Personal accidents insurance: 2.500 EUR;
      3. Luggage insurance: 750 EUR;
      4. Third parties Liability insurance: 5.000 EUR.
   c) Voiaj Direct Extra:
      1. Medical insurance: 50.000 EUR from which 10.000 EUR are repatriation expenses;
      2. Personal accidents insurance: 5.000 EUR;
      3. Luggage insurance: 1.000 EUR;
      4. Third parties Liability insurance: 10.000 EUR.

Sum insured for repatriation expenses will be deducted from the sum insured settled for medical expenses.

EXCLUSIONS
18. The Insurer does not cover the risks caused directly or not by the following events:
   a. war (even if the war was declared or not), invasion or the action of an external enemy;
   b. civil war, revolution, rebellion, insurrection, military dictatorship, conspiracy, terrorism;
   c. confiscation, expropriation, nationalization, conscription, exclusion, destruction or damaging by the order of any government right or fact or any public authority;
   d. atomic explosion, radiation, or radioactive contamination as a result of use of the atomic energy, nuclear or fissionable materials;
   e. pollution or contamination by any cause, including biological or chemical weapons;
   f. the claims if the Insured participated to the occurrence of the event that caused a prejudice by cunning, intention, severe or repeated negligence;
   g. fraudulent claims or that are based on false declarations;
   h. claims from the wife/husband of the Insured against the Insured or by the persons to whom the Insured is responsible in front of law:
   i. self mutilation, suicide or intention of suicide;
   j. disease or accidents for which the Insured intentionally committed, or as a consequence of alcohol or drugs not recommended by a medical doctor consumption;
   k. disease or accidents as a consequence of activities that were not in the declared purpose of the travel;
   l. committing or intention to commit of the Insured of criminal acts;
   m. engaging in dangerous occupations as: armed forces (special services, activities involving explosive devices, air force, military navy, military fire-fighters), aviation (utility aviation, testing pilots, fuel platforms pilots), divers using explosives, police special forces, private security services, utilitarian climbing (rope), fuel installations, activities on oil and gas platforms, activities in explosives industry;
   n. involving of the Insured in aviations other than as a passenger of an authorized company to perform the flight for civilians;
   o. practicing of dangerous sports or hobby-ies as: : aviation, parachuting, paraglide, hang-glider, sky-jumping, bungee-jumping, climbing, escalade, speleologist, surfing, horse races, rodeo, martial arts competitions, auto-racings, motorcycling circuits, rafting, free diving, high deep or under ice surface diving;
   p. occasional practice of the Insured of recreational sports as defined by the current Terms and Conditions, with the exception when the premium calculated through the tariff for recreational sport was paid.
19. Additionally to the pt.18, the Insurer does not cover for the Medical Insurance, risks excluded and specified by medical expenses definitions nor the risks caused directly or indirectly by:
   a. chronically disease or pre-existing disease from the date of entry into force of the insurance, or their complications (including acutisation or recidivate) as well as their consequences; the exclusion is valid also for other medical procedures or accidents occurred before starting the insurance period as well as their consequences;
   b. any psychiatric impairments;
   c. evolution of an infection disease that starts in the context of an epidemic/pandemic officially declared by the authorized institution.
20. Also, through the Medical Insurance there are not covered:
a) medical expenses related to diagnose and/or treatment of cancer, sexually transmitted diseases, HIV infection, AIDS and their consequences;
b) medical expenses related to rest or recovery cures in nursing homes, health centers, convalescence houses or any other similar institutes;
c) medical expenses for physical defects/anomalies/malformations remove (plastic surgery);
d) medical expenses related to childbirth, treatments or medical controls specific to the state of pregnancy. However, according to the current Terms and Conditions, in case of acute complications in the first 30 weeks of pregnancy, the Insurer will reimburse the expenses related strictly to medical procedures performed to save the life of mother and/or child;
e) medical expenses for experimental medical procedures applying to investigation and treatment, if they are performed for research purpose, as well as for their consequences;
f) medical expenses for homœopathy or alternative medicine treatment, for medical therapies unrecognized and unauthorized by empowered medical authorities and for their consequences;
g) medical expenses for rehabilitation and physiotherapy or expenses for purchase, replacement or reconstruction of any kind of prosthesis, eyeglass or contact lenses;
h) medical expenses for permanent dental treatments, teeth root channel treatments (with the exception of situation when treatment is necessary to calm acute pain), orthodontics, periodontal disease, decaling, artificial teeth, dental crowns/bridges;
i) medical expenses for routine checks, controls or general examination (medical record type), including routine vaccinations required or requested by local health authorities;
j) medical expenses for medical services that are not necessary for diagnose or treatment, as well as surgical interventions or medical treatments that might be delayed until Insured’s return to residence country;
k) medical expenses for medicines or treatments required to be administrated or performed during traveling abroad, but they were known of or prescribed before starting the travel;
l) repatriation expenses that were not previously approved by the Insurer, as well as medical expenses engaged after the date, when medical repatriation, even possible, was not performed as a result of Insurer decision.

21. Additionally to the pt.18, the Insurer does not cover through the Personal Accidents Insurance, risks caused directly or indirectly by:
   a) Any disease, including professional or infection disease, mental disease, psychiatric impairments as well as their aggravation through the accident;
   b) Any inheritable disease as a result of animal attack, with the exception of rabidness;
   c) The action in time of repeated traumas or physical efforts;
   d) Poisoning or intoxication as a result of ingestion or inhaling of solid, liquid or gas substances, with the exception when they were generated by an accident.

22. Additionally to the pt.18, the Insurer does not cover through the Luggage Insurance, the risks caused directly or indirectly by:
   a) Degradation, breakage or disappearance of goods that were left without surveillance in not secured places, under free sky, in balconies or open platforms;
   b) Damages occurred as a result of the employed personnel of the economic agent services provider (accommodation, transportation, etc) or of the Insured, if it were performed with intention;
   c) Alimentary products;
   d) Any kind of autovehicles;
   e) Fur coats, sports equipment, technical articles or accessories, professional equipments, electronic equipments, musical instruments;
   f) Bond papers, documents, registers, pretensions, acts, manuscripts, jewels, noble metals, postal marks and other similar, collections or art objects, cash.

23. Additionally to the pt.18, the Insurer does not cover through the Third parties Liability insurance, the risks caused directly or indirectly by:
   a) Claims from the Insured with respect to his/her own corporal injuries or his/her material damages;
   b) Any claim that is not directly linked to the corporal injuries or material damages (indirect financial loss, as: loss of use of the damaged good, loss of profit, etc) as well as any financial loss caused to a third party, other than the one that suffered directly corporal or material prejudice;
   c) Any claim occurred as a result of decreasing in value of the damaged goods, after their repair;
   d) Claims against the Insured that refers to repairment of the moral prejudice, moral claims, the price of pain, pecuniary exchange of the psychical trauma caused as a result of corporal injuries, other non-patrimonial personal prejudices;
   e) Claims against the Insured evolved in damages of the bond papers, documents, registers, pretensions, acts, manuscripts, precious metals, platinum, gold or silver metals, postal marks, collections, canvases, sculptures, weaves or other objects with art, scientific or historical value as well as disappearance or destruction of money;
   f) Claims in order to cover any kind of amercements, of criminal judicial expenses for which the insured was convicted.

INSURANCE PREMIUMS

24. Insurance premium will be paid in RON, fully in advance, for the entire period mentioned in the policy.

25. Depending on the Insured/Policyholder option with respect to cover of recreational sports, the insurance premium is calculated according to appropriate tariff: Standard tariff or Tariff with recreational sport.

26. The Policyholder is exclusively responsible for payment of contractual premium and has the obligation to request/obtain and retain the voucher (receipt-bill, paying order a.s.o).

27. Contractual premiums payment may be performed by any form agreed by the Insurer. The Policyholder is responsible for all fees and commissions referred to the payment of contractual premiums and of other amounts due to the Insurer.

28. The Insurer will refund the insurance premium, without any interest, in case Policyholder resign insurance contract with at least one day before the date of entry into force of the insurance contract.

29. Any premium reimbursement will not be performed if the Insurer’s liability for the contract has started.
30. The amounts to be reimbursed to the Policyholder will be paid in RON, in a bank account of the Policyholder, at a bank opened from the Romanian territory or by any other method agreed by the Insurer.

POLICYHOLDER/ INSURED'S OBLIGATIONS

31. The Policyholder/ Insured has to:
   a) answer correctly and completely when filling up the documents elaborated at the inception of the insurance contract or subsequently requested by the Insurer;
   b) to follow the exact described steps, in case of a claim;
   c) to provide all information and documents requested by the Insurer and to facilitate the possible investigations regarding the circumstances of the insured risk occurrence; to deliver to the Insurer the legalized translations in English or Romanian language if the documents were issued abroad;
   d) at the express request of the Insurer, the Insured has to proof the exact date when the travel started and it’s duration.

If the obligations from art.31 point a) are not fulfilled, Insurer reserves the right to unilaterally denounce the insurance contract and to refuse any compensations, if the information and/or documents provided to the Insurer would determine it not to conclude the insurance contract or to offer the insurance contract in different conditions. If the obligations from art.31 point b), c) and d) are not fulfilled, the Insurer reserves the right to refuse the obligations assumed through the insurance contract if, from this reason, it could not be determined the cause and the circumstances of producing the insured risk.

The Insured must take all the measures to prevent the occurrence of a risk insured and, in case that an accident or an illness is produced, must ask for and accept medical treatment as soon as it is possible and must follow the medical doctor’s prescriptions in order to accelerate the recovery process. The Insurer may refuse the reimbursement of the expenses if it is discovered that the Insured have not requested medical care, does not respect the medical advises or perform any improper activities for the suffered disease or injury.

32. The Insured authorizes the Insurer to get all the information considered necessary from the third parties (medical doctors, medical institutions) and to free those persons of obligation of professional secret with respect to that specific situation.

33. The Policyholder is obliged to notify in written the Insurer about any modification of his/her contact details.

NOTIFICATION OF RISK INSURED

34. In case an insured risk occurs, the Policyholder/ Insured is obliged to:
   a) immediately notify the occurrence of the risk insured to the Company of Assistance or, within 5 working days from returning in the country, to the Insurer;
   b) put all the efforts in order to limit or stop it’s consequences;
   c) provide information with respect to the event occurred and to insurance policy details;
   d) provide any other relevant documents requested by the Company of Assistance or by the Insurer in order to settle the claim;
   e) follow the instructions from the Company of Assistance or from the Insurer.

35. If the standard above mentioned procedure is not followed, it is requested to notify in written the Insurer with respect to the reason linked to non-compliance it. Under this circumstance, the Insurer reserves the right to decline the payment of indemnities/reimburse expenses, if from this reason, it can’t be established and assumed any responsibility throughout the current Terms and Conditions.

36. If a risk insured is produced, through the insurance policy, the Policyholder/Insured or legal heirs of the Insured will provide the following documents:
   a) Insured/Insured representatives declaration with respect to risk occurrence and the quantum of expenses;
   b) The insurance policy or it’s number;
   c) The identity document of the person that notifies the risk occurred (Insured/Legal representative of the Insured/Policyholder/Legal heirs/Third party);
   d) Any other documents relevant for claim settlement.

37. Additionally to the above mentioned documents, the Policyholder/Insured or insured's heirs will provide to the Insurer also:
   a) For any risk covered through the Medical Insurance, for which the notification is addressed to the Insurer, the Policyholder/Insured had to provide:
      1. medical documents to evidence the diagnoses and the prescript treatment;
      2. bills issued on the name of Insured and receipts with respect to medical expenses and/or repatriation performed including those for pharmaceutical products (the copy of the prescription issued by the medical doctor and the receipts issued by the pharmacy that corresponds to the medicines purchased; in the situation of dental treatment, the medical documents/bills has to include information about the treated teeth and about the applied treatment);
      3. for repatriation of the dead body of the Insured, the death certificate and the documents to evidence the cause, the place of death and the proof of the expenses for which has been issued the claim of reimbursement (bills and receipts issued and paid by the person who requested the reimbursement of expenses);
   b) For the risk of permanent disability as a result of an accident, covered through the Personal Accidents Insurance, the Insured/Insured’s Representative will provide to the Insurer the following documents:
      1. the accident report from the investigation and/or research authorities if the situation applies;
      2. decision of classification of permanent disability, issued by the competent authority.
   c) For the risk of death as a result of an accident, covered through the Personal Accidents Insurance, the Policyholder/legal heirs of the Insured will provide the following documents:
      1. Death certificate;
      2. Medical certificate of death;
      3. Legal heir certificate/quality of heir certificate;
      4. Decision of tutelage or trusteeship, in the situation of minor heirs;
   d) For the risk covered through the Luggage Insurance, the Insured will provide to the Insurer:
      1. copies of the documents issued by the authorities that investigated the insured event (fire brigade, police);
2. the evidence that the Insured notified authorities with respect to the theft or robbery.
e) For the risk covered through the Third parties Liability Insurance, the Insured will provide to the Insurer the following documents:
1. Witnesses declarations (if exist) with respect to the event occurred;
2. Copies of the documents/reports issued by the investigation authorities;
3. Final and indefeasible decision with respect to the payment of prejudice, if the prejudice wasn’t solved through an amiable way;
4. Bills, receipts or any other documents to proof the expenses to the third party.

INSURED’S DECISION AFTER NOTIFICATION OF RISK

38. If regarding to a risk insured occurrence, against the Insured was initiated an investigation or a criminal procedure, the Insurer has the right to postpone the decision of claim settlement, based on the current Terms and Conditions, until those legal actions are completed.
39. Any incomplete or incorrect action or information undertaken or supplied by the Insured/ Policyholder/ Legal representative/ Legal heir/ Third party representative that prevent the Insurer to determine the causes of the occurred risk insured, gives to Insurer the right to refuse expenses reimbursement.
40. In case the Insured supports medical expenses from his/her own resources, the due amounts will be reimbursed by the Insurer, based on the original documents supplied by the Insured, documents that will became property of the Insurer.
41. The Insurer has the obligation to validate the compliance of the required supporting documents, to finalize all investigations with respect to the notification of risk insured and to forward it’s decision to the entitled persons in a term of 30 calendar days from the moment when all the requested documents for settlement were received.
42. The Insurer is not responsible for the quality of the services provided by medical institutions/medical staff or other authorities.
43. The right to claim compensation from the Insurer regarding medical expenses reimbursement on the basis of current insurance contract ends after 2 years from the date of risk insured occurrence.

INSURER DECISION AFTER THE NOTIFICATION OF A RISK INSURED

44. If the Insurer decides, based on the requested documents, that the risk is covered according to the current Terms and Conditions, will reimburse the due amounts during the period assumed for communicating his decision.
45. The Insurer will compensate telephonic expenses if they can be proved they were performed.
46. Through the current insurance contract, the amount to be reimbursed to the Insured/Legal heirs of the Insured, by Medical Insurance is calculated taking into consideration the following:
   a) Medical expenses reimbursed during the insurance contract should not exceed the value of sum insured; this amount includes repatriation expenses;
b) Medical or dead body repatriation expenses during the insurance contract should not exceed the value of repatriation expenses;
c) The amounts from the bills/receipts are object to one reimbursement and do not depend on the number of Medical Insurances of the Insured concluded with the Insurer;
d) If an accident or a disease occurred during the validity period of the insurance contract requires hospitalization after the expiry date of the insurance, the Insurer’s responsibility to reimburse expenses may be extended maximum 4 weeks, if the Insured may proof the medical repatriation could not be possible;
e) If death of the Insured is happened, the Insurer will cover transportation cost of a family member or of a closed relative in order to assist to repatriation of the dead body of the Insured. The transportation cost will be deducted from the maximum limit of indemnity of repatriation expenses;
f) If the Insured is hospitalized for a period greater than 10 days, the Insured will cover the cost of transportation of the minor that has left alone and that accompanied the Insured during the travel. The repatriation cost of the minor will be deducted from the maximum limit of repatriation expenses.
47. Through the current insurance contract, the amount payable as insurance indemnity for the Personal Accidents Insurance, to the Insured/Legal heirs of the Insured is calculated taking into consideration the followings:
a) If death of the Insured happened, the Insurer will reimburse to the Legal heirs the insurance indemnity as the sum insured. If other indemnities for Personal accidents Insurance were already paid, the indemnity will be diminished with that reimbursed indemnities;
b) For permanent disability of the Insured, the Insurer will reimburse an indemnity calculated as Table 1 specifies (attached to the current Terms and Conditions); if anatomic or functional loss of one or more limbs occurs within the same accident, the indemnity for disability will be calculated by adding each percentages of indemnity until 100%; if an anatomic or functional loss occurs to a limb that was already disable, the percentages will be decreased taking into consideration the prior degree of disability; if the body injury suffered by the Insured can’t be settled through the Tabel 1 precise values, the disability degree will be calculated by the Insurer by comparison, depending on the type and gravity of the affection.
48. The amount due to the Insured as specified through the current insurance contract for Luggage Insurance will be calculated taking into consideration the followings:
a) In situation of full damage, the Insurer will reimburse an indemnity equal to the value of good at the date of risk occurrence (value as new minus ageing) or of a good similar from design, performance and price point of view with the original one;
b) In the situation of partial damage, the Insurer will pay an indemnity equal to reparation cost in order to bring the good to the state prior to the risk occurred, without exceeding value as new of that good.
If, after the payment of insurance indemnity, the goods are found, the Insured has to reimburse to the Insurer, within 15 days, the cashed amounts or, if the goods has been deteriorated, the
difference between the cashed amounts from the Insurer and the amounts paid for reparations.

49. The amount due to the Insured through the Liability Insurance of the third parties is calculated taking into consideration the followings:
   a) In situation of body injuries of the thirds, the insurance indemnities will be settled within the limit of the Insurer’s liability, by the expenses for rehabilitation or improvement of health that are not covered by the social system insurance that the prejudiced person had to perform and the cover of net income loss suffered by the prejudiced person within this period;
   b) If the prejudiced party dies, the insurance indemnity through the Liability Insurance will cover:
      1. Funeral expenses on the base of evidence documents;
      2. Transportation of the dead body, justified through documents, from the place of the risk occurrence to the place where funerals are performed;
      3. Unearned net incomes and any other expenses performed in the period from the risk occurrence and the date of death, if they were as a result of the accident;
      4. A global amount to cover the periodic payments (life pension) due to the legitimate;
   c) If prejudices caused by the Insured refers to goods, the insurance indemnity will cover the costs of acquisition, repairation, reconstruction or restoration or the cost of acquisition of goods similar (technical and ageing point of view) to those damaged from which the ageing and/or the value that can be capitalized will be deducted; The overall amount of indemnities paid can not exceed the real value of goods at the moment of risk occurrence.

The insurance indemnities in the situation of Liability Insurance can not exceed the maximum limit assumed through the insurance contract.

The quantum of insurance indemnities in Liability Insurance is established either by mutual agreement between the parties or through the final decision of the court law. The agreement may be performed between the Insured and the third parties with the Insurer’s accord, with respect to their demands for compensation.

If the compensation due by the Insured will be settled to be paid in annuities (life pension), the indemnity due by the Insurer will be paid as a global amount, within the limit of liability assumed by the Insurer.

50. If the risk occurrence is notified to the Company of Assistance, the expenses will be reimbursed directly by it, in the name of the Insurer, or by the Insurer is the payment could not be processed by the Company of Assistance.

51. If claim is proved to be fraudulent or has false declarations in notification, the Insurer will refuse the payments.

52. If based on the documents requested, the Insurer decides the risk occurred during the validity period of the cover is not covered according to the current Terms and Conditions, will notify the Insured/Policyholder about his decision to reject the claim during the period assumed for communicating his decision.

REGULATION OF THE PAYMENTS DUE BY THE INSURER UNDER CONTRACTUAL OBLIGATIONS

53. The amounts reimbursed on the basis of the insurance contract will be paid in RON, using BNR exchange rate valid on effective date of payment, in the account communicated by the Insured to the Insurer and opened in a bank on Romanian territory, or by any other payment method agreed by the Insurer, within 30 calendar days from receiving all claim documentation requested.

54. The possible taxes and commissions regarding payment operations of benefits based on the insurance contract will be supported by the Insurer. If the payment details offered by the Policyholder/ Insured/ Legal representative/ Legal heir are not correct and/or not complete, and the Insurer’s attempt to pay fails, the Insurer reserves the right to retain the taxes and commissions of the future interrogation/s for the same amount from the value to be paid.

ENDING OF INSURER’S LIABILITY

55. The contractual liability of the Insurer ends in the following situations:
   a) at Policyholder’s initiative, by his request of cancelation registered at the Insurers headquarters;
   b) at the Insurer initiative, based on Terms and Conditions or on legal regulations (including provisions of international penalties);
   c) at 24:00 hour of the day specified as maturity date;
   d) at the date when the amount of reimbursed expenses/insurance indemnities based on the insurance contract equals the sum insured, no matter the number of insured risks occurred during the period of validity when the Insured is traveling abroad.

CORRESPONDENCE RELATED TO THE INSURANCE CONTRACT

56. Any inquiry from Policyholder addressed to the Insurer has to be performed in a written form and has to be signed by him/her and sent to the Insurer’s headquarter together with all any other justifying documents requested by the Insurer.

57. Any correspondence addressed by the Insurer to the Policyholder is performed taking into consideration the latest contact details communicated by the Policyholder, even if these belong to a third party. The content of correspondence is enforceable against the Policyholder, even if he/ she have not complied with the contractual obligations to inform the Insurer about the contact details modifications.

58. The Insurer does not assume any responsibility regarding the effects and consequences resulting from the delay, not receiving, deterioration, lost or any other errors in transmitting messages, letters or documents due to reasons that are independent of Insurer’s activity.

59. In case of any elements from the contractual elements modification, the Insurer may use any way of communication them to the Policyholder (for example, national wide distribution publication, Insurer’s website, telephone, SIMS, email a.s.o.).

60. Direct mailing to Policyholder is available only to an address from Romanian territory.

FINAL DISPOSALS

61. Any request addressed to the Insurer, according to Insurance Terms and Conditions must be signed by the Policyholder/ Insured. If the signature on notification document of the risk insured addressed to the Insurer is not the same with the one on the application form, the Insurer may ask the Policyholder/ Insured,
depending on situation, the confirmation of signature modification; in this respect, the Policyholder/Insured will provide a new signature specimen.

62. The compliance of the Policyholder/Insured’s obligations, as well as the supposition that the declarations and the answers are honest and sincere, represents conditions that precede any liability or obligation of the Insurer to reimburse the value of the expenses.

63. The applicable law for the insurance contract is the Romanian law.

64. The Policyholder and the Insured as natural persons have the right to access the personal data delivered to the Insurer, the right of intervention over the data and the opposable right, as they are regulated by the actual law on persons protection with regard to personal data processing and free movement of such data. The Policyholder and the Insured may use the above set forth right by submitting to S.C. Allianz-Ţiriac Asigurări a written application, dated and signed. The requester may specify in the application if the information should be sent to a specific address, that might be also e-mail address, or by a mailing service that assure the personal delivery only.

65. Possible litigations result from or indirect depending on the insurance contract that could not be solved on mutual basis, will be solved by competent court.

66. Force majeure limits the responsibility of the claiming party; it will be communicate to the other contractual party within 5 days term from the occurrence of force majeure; in the following 15 days the documents issued by competent Chamber of Commerce and Industry that will attest those events must be sent. After the occurrence of any of the cases of force majeure, parties will make all the efforts to ensure the restart of normal performance of their contractual obligations. The obligations of the parties will be fulfilled as much as possible prior to normal situation reinstatement.

67. Guarantee Fund destination is reimbursement of the expenses value resulted from the insurance contract, if the Insurer is in insolvency detection and it is administered by Financial Supervisory Authority.

68. As Tax Code regulates, the insurance premiums for travel insurance contracts are not tax deducted.

Table 1 to Voiaj Direct Terms and Conditions with respect to maximum level of indemnities payable as SCALE CONTINENTAL

<table>
<thead>
<tr>
<th>Anatomic or functional Loss</th>
<th>Maximum payable indemnity (% from sum insured)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of both hands</td>
<td>100</td>
</tr>
<tr>
<td>Loss of both legs</td>
<td>100</td>
</tr>
<tr>
<td>Total and irreversible loss of eye-sight to both eyes</td>
<td>100</td>
</tr>
<tr>
<td>Loss of a hand and of a leg</td>
<td>100</td>
</tr>
<tr>
<td>Loss of a hand or a leg together with total an irreversible loss of eye-sight to one eye</td>
<td>100</td>
</tr>
<tr>
<td>Total an irreversible mental disease</td>
<td>100</td>
</tr>
<tr>
<td>Total and incurable paralyses</td>
<td>100</td>
</tr>
<tr>
<td>Loss of right hand/arm *</td>
<td>60</td>
</tr>
<tr>
<td>Loss of left hand/arm *</td>
<td>50</td>
</tr>
<tr>
<td>Loss of a foot or a leg</td>
<td>50</td>
</tr>
<tr>
<td>Total and irreversible loss of eye-sight to one eye</td>
<td>50</td>
</tr>
<tr>
<td>Loss of pollex from the right hand *</td>
<td>15</td>
</tr>
<tr>
<td>Loss of pollex from the left hand *</td>
<td>10</td>
</tr>
<tr>
<td>Loss of index from the right hand *</td>
<td>10</td>
</tr>
<tr>
<td>Loss of index from the right hand *</td>
<td>7</td>
</tr>
<tr>
<td>Loss of any other finger from the right hand *</td>
<td>6</td>
</tr>
<tr>
<td>Loss of any other finger from the left hand *</td>
<td>5</td>
</tr>
<tr>
<td>Loss of pollex from the foot</td>
<td>5</td>
</tr>
<tr>
<td>Loss of any other finger from the foot</td>
<td>3</td>
</tr>
<tr>
<td>Total and irreversible loss of hearing to both ears</td>
<td>40</td>
</tr>
<tr>
<td>Total and irreversible loss of hearing to one ear</td>
<td>10</td>
</tr>
</tbody>
</table>