

*Terms and Conditions
Platinum Mastercard*

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1. TERMS & CONDITIONS FOR THE USE OF MASTERCARD (PLATINUM)

1.1 Definitions

In these Terms and Conditions, the terms and expressions below shall have the following meaning:

Bank: means Danske Bank International S.A., a public limited liability company (société anonyme) incorporated under the laws of the Grand Duchy of Luxembourg, having its registered office at 13, rue Edward Steichen, L-1536 Luxembourg, registered with the Luxembourg trade and companies register under number B 14.101 and licensed as a credit institution in accordance with the Luxembourg law dated 5 April 1993 relating to the financial sector, as amended.

Bank Account: means a single, collective or joint account opened in the name of, and held by, a client of the Bank to which all the fees, expenses and the Mastercard balance from the card account is charged.

Card Account: means the intermediary account which is held by the Bank and to which all Mastercard transactions are charged.

Mastercard: means the credit card(s) distributed by the Bank and available to the Bank Account holders.

PIN: means "Personal Identification Number", the personal and confidential code which is allocated to each Mastercard.

Mastercard holder: means a person having a Bank Account and a Card Account, to whom statements in relation to the use of the Mastercard(s) are sent.

Additional Mastercard Holder: means a person having the right to use a credit card, on the Mastercard holder's bank account, but to whom no statements in relation to the use of the Mastercard(s) are sent.

1.2 Benefits of the Mastercard

The Mastercard gives its holder the opportunity to purchase goods and services offered by merchants and companies linked to the Mastercard network when presenting the Mastercard and signing a transaction slip presented by those merchants and companies or by entering the PIN. A Mastercard holder may obtain cash from automated cash dispensers by entering the PIN. The Bank does not bear any responsibility for errors and negligence committed by merchants or companies. The Bank cannot be held responsible for merchants or companies refusing Mastercard.

1.3 Issuing the Mastercard

The Bank issues Mastercard(s) to Bank Account holders only. The Mastercard is individual and personal and is therefore not transferable. The back of the Mastercard must be signed immediately by the holder whereby the Mastercard passes into the care of the Mastercard holder who then has the right to use it in accordance with these Terms and Conditions. The Mastercard is the property of the Bank.

1.4 Annual Subscription Fee

With the issuing of the Mastercard an annual subscription fee is due which is deducted up front from the Card Account.

1.5 Period of Validity and Expiry

The Mastercard remains valid until the last day of the month and year embossed on the Mastercard. Once expired, the Mastercard has to be cut in pieces and returned to the Bank. When a Mastercard expires, a new Mastercard is automatically issued unless the Bank refuses the issue of a new Mastercard or the Mastercard holder notifies the Bank of the cancellation two months prior to the expiry date.

1.6 Collection and transfer of Personal Data

The Bank is authorised to process the personal data of the Mastercard holder and Additional Mastercard holders. In order to enable the Mastercard to operate within the network, the Mastercard holder and Additional Mastercard holders authorize the Bank to transmit personal data relating to the Mastercard holder and Additional Mastercard holder and the credit limit attached to the Mastercard to third parties, forming part of the contractual network of the international Mastercard system, to card producers and printers and to international settlement and approval centers, in so far as the provision of such data is vital.

By presenting the Mastercard the Mastercard holder and Additional Mastercard holder shall be deemed to have given their consent and mandate:

1. for the collection, retention and communication of identification data and information relating to account status by all means necessary to enable the Bank to keep the appropriate statements of transactions and accounts;
2. for such data and information being made available and transmitted to participants in and operators of the Mastercard payment network;
3. for the retention of such information and data by said participants in and operators of the Mastercard payment network; and

4. for the compliance by said participants in and operators of the Mastercard payment network with the laws and regulations governing the disclosure of information to which these participants and operators are subject.

The Bank shall not be held liable for any loss of information circulating via the Mastercard payment network, except in case of gross negligence or willful misconduct. The Bank shall not be liable for any loss of information contained in statements such as details of account balances or account numbers. It is the responsibility of the Mastercard holder to ensure that no information is lost.

1.7 Issuing additional Mastercards

The Mastercard holder may apply for additional Mastercard(s) to be issued to specified people which means additional Cardholder(s) who in turn will have the right to use these cards, transactions being charged onto the Bank Account.

1.8 Proof of transactions using the Mastercard

The use of the Mastercard in conjunction with a PIN constitutes, independently of the amount in stake, proof of an instruction given by the Mastercard holder to the Bank to debit the transaction amount from his own Card Account as if this instruction had been given in writing by the Mastercard holder. It follows that the Mastercard holder may not oppose the debiting of a known transaction amount from his Card Account once the Mastercard has been presented in conjunction with the use of the PIN. The electronic records of transactions held by the Bank constitute sufficient proof of transactions and have the same evidential value as a written document.

1.9 Statements of Bank Account

Once a month the Mastercard holder receives a statement listing all the transactions made with the Mastercard(s) linked to his Bank Account, since the issuance of the previous statements. It is understood, that the Mastercard holder failing to appeal in writing against the transactions listed in the statement within a period of 30 calendar days acknowledges the monthly balance.

Statements relating to additional Mastercard(s) are only sent to the Mastercard holders, unless other instructions are given to the Bank. The Mastercard holder has the obligation to notify the Bank of any change to the billing address.

1.10 Card account

The Card Account is debited of the amount calculated on the basis of all transactions and cash withdrawals done with the Mastercard, in addition to fees, expenses and the annual subscription in relation to the Mastercard. For cash withdrawals, the statements show the

amount advanced as well as the administration costs and commissions which the financial institution making the cash payment charges to the Bank.

Transactions made in foreign currencies are converted into Euro by the international clearing institution dealing with the different card systems using the valid exchange rate on the transaction processing day of the clearing institution. A currency exchange commission also applies.

1.11 Methods of payment

The Mastercard holder irrevocably authorizes the Bank to deduct from the Bank Account the overall amount due and shown on the statement.

1.12 Overdrawn account

The Bank reserves the right to block and/or withdraw the Mastercard(s) if the Bank Account becomes overdrawn without prior authorization from the Bank Account holder. Any outstanding balance shown in the statement falls due immediately and is deducted from the Bank Account.

1.13 Loss or Theft

In case of the Mastercard being lost or stolen or the PIN becoming known, even unintentionally, the Mastercard holder must immediately contact the following numbers:

- Danske Bank International S.A.
Phone: +352 46 12 75 551

This notification is to be confirmed in writing as soon as possible and the Police must be notified of loss, theft or improper use of the Mastercard within 24 hours. Furthermore, proof of the report to the Police must be sent to the Bank as soon as possible.

As soon as the Bank has been notified by the Mastercard holder, the Mastercard holder can no longer be held responsible for the misuse of the Mastercard. Until the notification has been received, the Mastercard holder remains liable for any fraudulent use of the Mastercard up to an amount of EUR 50. However, in case of fraudulent misconduct or gross negligence by a Mastercard holder, the Mastercard holder is responsible for any misuse of the Mastercard even after having sent the notification in writing.

If the Mastercard holder finds his Mastercard after having notified its loss, the Mastercard can no longer be used, it must be cut in pieces and returned to the Bank. The same procedure applies if the Mastercard holder assumes that a third party has discovered the PIN. Blocking of the Mastercard automatically results in a new Mastercard being issued at the Mastercard holder's expense.

1.14 Recording of telephone calls

Mastercard holders authorize the Bank, for reasons of proof and security, to record any telephone calls for the gathering of evidences and security reasons.

The Mastercard holders agree that records may be used in a court of law.

1.15 Termination

A Mastercard holder may, at any time and without any reason, terminate the contract. The Bank may, at any time, terminate the contract if the Mastercard holder breaches any of his obligations under these Terms and Conditions or any other agreement entered into with the Bank. Upon termination of the contract, the overall outstanding balance of the Card Account will become due immediately and will be debited from the Bank Account. In addition the account holder is liable for all transactions not yet debited from his Card Account at the time of termination. An early termination does not bear any influence on the amount of conventional interest nor does it entitle the Mastercard holder to a partial or complete reimbursement of the paid annual subscription fee.

1.16 Conditions for the termination of the contract by the Mastercard holder

If a Mastercard holder wishes to terminate the contract, a written statement must be sent by registered mail or handed in to the Bank. The Mastercard holder is obliged to return the card to the bank. The termination of the contract is only effective upon receipt of the Mastercard by the Bank. Termination of the contract by the Mastercard holder entails the termination of all contracts related to additional Mastercard holders. Termination of contract by an Additional Mastercard holder who is not a Bank Account holder does not entail the termination of the contract with the Mastercard holder who is the Bank Account holder and any other additional Mastercard holders. Mastercard holders reserve the right to terminate the contract between the Bank and additional Mastercard holders. In this case the Bank Account holder is jointly and severally responsible for the transactions carried out with this card until returned to the Bank. Terminations less than 2 months before the expiry date of the Mastercard do not release the Mastercard holder from paying the coming annual subscription fee.

1.17 Conditions for the termination of the contract by the Bank

If the Bank wishes to terminate the contract with Bank Account holder who is a Mastercard holder, written confirmation must be sent by registered mail to the Mastercard holders too. Each Mastercard holder linked to a Bank Account are informed of the termination. Upon notification of the termination of the contract the Mastercard holder(s) can no longer use the Mastercard

which must be returned to the Bank. However, the Mastercard holder remains responsible for the transactions done with the Mastercard after notification and until all cards have been returned to the Bank which does not exclude a liability for payments related to the misuse of the Mastercard. Any misuse of the Mastercard after requested return by the Bank will carry appropriate legal action.

1.18 Modification of these Terms & Conditions

The Bank reserves the right to change the Terms & Conditions at any time. The Bank will in connection to changes always publish the new version of the document on the Bank's website. It is the client's responsibility to regularly review the Terms & Conditions posted on the website to ensure that he is aware of the latest terms and conditions. The client's continued use of the card shall be deemed to signify his acceptance of the modified Terms & Conditions unless he notifies the bank within one month from the date on which the changes are available on the Bank's website.

1.19 Validity

If any provision under these Terms and Conditions becomes invalid, the legality and enforceability of the remaining provisions are not in any way affected or impaired. The Bank reserves the right to amend these Terms and Conditions. When the Bank notifies a Mastercard holder of an amendment, it must specifically state that the Bank considers the Mastercard holder to have accepted the amendment(s) if the latter does not object in writing.

Any objection from Mastercard holder must be sent to the Bank within 30 calendar days from the date of the notification of the amendment(s).

1.20 Applicable Law - Jurisdiction

These Terms and Conditions are governed by, and shall be construed in accordance with, Luxembourg law. Any dispute arising in connection with these Terms and Conditions shall be submitted to the courts of the district of Luxembourg city.

2. TRAVEL - INSURANCE POLICY

2.1 Parties

Policyholder:

Danske Bank International S.A. (the Bank)
13, Rue Edward Steichen
P.O Box 173,
2011 Luxembourg,
LUXEMBOURG

Insurer:

Tryg Forsikring A/S
Klausdalsbrovej 601
DK - 2750 Ballerup
Denmark
CVR. nr. 24260666

(Hereinafter referred to as "THE INSURER").

The Insurer has issued a policy of insurance (the "Policy") for the benefit of holders of a current Card. The terms and conditions set out in this document explain the circumstances in which the Insurer will pay benefits to you and other eligible Insured Persons under the Policy.

You are on cover under the Policy for any incident occurring while your Card is current and valid as long as the policy is in force as mentioned in section 2.12 "Cancellation of the Policy and Covers".

2.2 Definitions

In this Policy the following expressions shall have the following meanings (for the purpose of this Policy, the use of the masculine gender always includes the use of the feminine gender):

Abroad: Outside the Country.

Card account: private card account opened by the Insured with Danske Bank International in Luxembourg.

Cardholder: the holder of a Card.

Card: All Valid Cards branded Platinum Mastercard Card issued by Danske Bank International in Luxembourg for which the Insured benefits of the covers are stated in this policy.

Close Relative: Husband, Spouse or common law partner, mother, father, mother-in-law, father-in-law, daughter, son (including adopted daughter or son), grandfather, grandmother, grandson, granddaughter, brother, sister, brother-in-law, sister-in-law or fiancé (e) of the Insured Person.

Country: The Country of Residence of the Insured person.

Home: The principal place of residence in the Country.

Valid Cards:

- (1) Your Mastercard Platinum Card account must be open, valid and in good standing for any benefits, coverage or services to apply; and
- (2) Benefits will not be paid and coverage will not apply, if, on the date of purchase of the eligible goods that causes or results in a loss covered under any plan of insurance, your Mastercard card account is not open, valid, in good standing, or is in delinquency, collection or cancellation status.
- (3) Benefits will not be paid and coverage will not apply if on the date of the purchase of the eligible goods that causes or results in a loss covered under this policy, the contract between the bank and Tryg Forsikring is cancelled.

Coverage: Cover is granted ONLY provided the Cardholder has paid the purchase price with the Valid Card after inception date of the insurance, prior to the arrangement.

Insurance Year: The period equal to or less than twelve consecutive months, included between the inception date of the contract and the first anniversary date; the annual anniversary dates, the last annual anniversary date and the cancellation date of the policy.

2.3 Claims procedure

If you wish to make a claim, please access the form on www.danskebank.lu.

For claim assistance, please call Danske Bank's travel assistance on +352 46 12 75 551.

Any request for Information or any Loss notification must be exclusively sent to this address that also will be mentioned on the claim form. An expert or an investigator can be mandated by the Insurer to assess the circumstances of the claim and amount of indemnification.

When making a claim the **Insured Person** will have to provide a proof of purchase of the Trip and where applicable a medical report and the original receipts of all expenses made.

Notice of any claim must be given to the Insurer promptly and in writing.

Exception to these for Hospitalisation Abroad and Medical Expenses benefit for which cover will be valid even if the Trip has not been charged to the **Card**.

2.4 Territory

Cover applies worldwide.

2.5 Claims Payment

All payments to be made by the Insurer under this Policy shall be paid to the Insured Person with the exception of the payments under the Travel Accident benefit (see art. 4.6), of the Medical Expenses advanced by the Assistance Service Provider (see art. **3.4.2.2**) that will be directly reimbursed to the Assistance Service Provider and of the Hospitalisation benefit (see art. 5.6).

Benefits are payable in the local currency of the Country in which membership was issued at the average exchange rate of the Euro in force on the day of the accident.

2.6 Complaints

The Insurer will always aim to provide a first class standard of service. If the Cardholder is not satisfied with the service the Cardholder should contact:

Tryg Quality Department

Tryg Forsikring A/S

Klausdalsbrovej 601

DK-2750 Ballerup

Email: kvalitet@tyg.dk

The complaints can also be lodged with Mrs. Van Elderen, Ombudsman, square de Meeûs 35 at 1000 Brussels/Belgium.

They should quote their surname, name and claim reference number.

2.7 Jurisdiction clause

Any dispute concerning the interpretation of any part of the Policy is subject to the laws of Luxembourg. The Policyholder, the Insurer and any Insured Person agree to submit to the jurisdiction of any court of competent jurisdiction within Luxembourg and to comply with all requirements necessary to give such court jurisdiction.

2.8 Cardholder Duties after a Loss (Due Diligence)

The Cardholder must use all reasonable means to avoid future loss at and after the time of loss and provide full compliance with the duties that are described. This includes full cooperation with the Insurer and Claims Administrator for programs or other services offered as benefits to a cardholder, with investigating, evaluating and settling a claim.

2.9 Concealment, Fraud or Misrepresentation

Insurance coverage/benefits described herein, will be void, whether before or after a loss or request for services are made, if you willfully concealed or

misrepresented any material fact or circumstance or provided fraudulent information concerning the plans of insurance described herein to: Mastercard International, the Insurer, financial institution issuing the card account, or any other company performing services and/or administration on behalf of these programs.

2.10 Data Protection

In accordance with the amended Luxembourg Law of 2 August 2002 concerning protection of individuals and the processing of personal data, the Insured Person expressly consents and authorizes the Insurer and the Bank to record and process the personal data submitted to them, and any data he later submits to them in order to assess risks, prepare, draw up, manage and execute insurance agreements, settle any claims or prevent any fraud.

The Insured Person will have the right to request name of the insurance company and the Bank the consultation, updating, rectification or cancellation of such data.

In accordance with article 111-1 of the amended Luxembourg Law of 6 December 1991 on the insurance sector stipulating professional secrecy in insurance, the Insured Person expressly agrees that such data may be given to other insurance companies or public or private entities related with the insurance sector for statistical reasons and for fraud reduction, as well as for coinsurance and reinsurance reasons.

The Insurer and the Bank and/or the companies and delegations of their corresponding groups will have access to the personal data, which will be able to be used to offer the Insured Person offers, services and commercial and marketing products which might be of their interest.

2.11 Consent of the Insured Person

The Insured Person authorises the Bank to provide data, including identification and verification data and any other data related to Mastercard to the Insurer and/or Assistance Service Provider as well as the usage of the

card, should this be necessary for the Insured to benefit from the insurances and cover defined in the present Terms.

2.12 Cancellation of the Policy and Covers

The present policy and cover will be automatically cancelled in following cases:

- in case of non renewal or withdrawal of the card by The Bank;
- in case of non renewal or cancellation of the contract between the Bank & the Insurer.

2.13 Multiple insurances

In case the Insured Person is bound with or takes out another insurance policy providing the same covers, terms and conditions than the present Policy, at the date of inception it has to be communicated to (name of insurance company) with all the relevant details. In no case will sums not covered by Deductibles or Additional Deductibles be covered by the Conditions of the other contract.

In case indemnifiable losses occur, the Insurer shall contribute to the payment of the indemnity in proportion of the Insured Sum of each Policy. This indemnity shall not exceed the total amount of the losses suffered and the proportion regarding the present policy shall not exceed the maximum limit established in the Terms and Conditions.

2.14 Time Bar

Any action deriving from this contract benefit is barred after 3 years as of the event that gave rise to it.

2.15 Subrogation

On payment of a claim by the Insurer, the Insurer may in the Insured Person's name and at the Insurer's cost recover against any third party who is responsible for the Insured Person's claim up to amount of the compensation paid by the Insurer. The Insured Person shall assist the Insurer as the Insurer may request.

2.16 Plan Administrator

These benefits and services are effective for Mastercard Holders and this 'Terms and Conditions' document remains property of Tryg Forsikring. These Terms and Conditions cannot be used, copied, or forwarded to other parties for other purposes than for the execution of the contractual relationship with Mastercard in collaboration with the Bank.

3. TRAVEL ASSISTANCE – INSURANCE SCHEME

3.1 Conditions of Application

This document contains the right and obligations of the parties under this assistance cover. Please read it very carefully and always keep it available. The insured person is invited to refer to the terms and conditions of this policy.

To comply with the terms and conditions and in order to receive benefits under this policy, the insured person must contact the Assistance Service Provider as soon as a claim or potential claim occurs. In any event, the insured person must contact the Assistance Service Provider for incurring expenses over EUR 250 or as soon as physically possible, in order to obtain prior authorisation by the Assistance Service Provider.

For emergency travel assistance, please call Danske Bank's travel assistance on +352 46 12 75 551. Please provide the Cardholder's name, Mastercard number, Policy number, as much information about the situation as possible and a telephone number to a contact person.

All emergency services are open 24 hours a day, 365 days a year.

3.2 Definitions

The assistance benefits stipulated in this article are insured by Tryg Forsikring.

Tryg Forsikring have entrusted the alarm center to Falck Global Assistance under the name Tryg Alarm.

Insured Person: The Cardholder (as described above) and his spouse or common law partner, his fiscally dependent children under 25 years of age, living in the Country.

Also, to be considered as spouse, the partner as viewed in the Luxembourg law of July 9, 2004 concerning legal effects of some specific relationships.

Medical Team: The medical structure appropriate to the medical event as determined by the Assistance Service Provider's Chief Medical officer.

Medical Treatment: A surgical or medical procedure, the sole aim of which is the treatment of acute illness or injury.

3.3 General Terms and Conditions

3.3.1 Validity of the card

The benefits of this Policy will be denied if the validity of the Card is rightly contested by the Insurer.

3.3.2 Behaviour of the Insured Person

The Insured Person should take all the necessary steps to avoid claims having to be made or in order to keep them to a minimum.

3.3.3 Procedure obligation to inform the Assistance Service Provider

In order to receive benefits under the Policy, the Insured Person must contact the Assistance Service Provider as soon as a claim or potential claim occurs. In any event, the Insured Person must contact the Assistance Service Provider for incurring expenses over EUR 250 or as soon as physically possible, in order to obtain prior authorization by the Assistance Service Provider.

3.3.4 Coverage

Every Insured Person is covered even if travelling separately. The Insured Person is covered world-wide, during an unlimited number of private or business trips Abroad, each of maximum 60 consecutive days, starting and ending in the Country.

3.3.5 Limitations

The use of duplicate or multiple Cards will not obligate the Cardholder, the Insurer or the Assistance Service Provider for an amount in excess of the highest limit applicable to any of the Cardholder's Cards for expenses incurred by any Insured Person as the result of any individual incident which is covered under the terms and conditions of the insurance provided for the Cards.

3.3.6 Period of coverage

The coverage under the Policy starts from the date given in the letter in which the Insurer approves the request for the Card until the moment when the Card, for whatever reason, is terminated.

3.3.7 Commitment of the assistance service provider

The Assistance Service Provider will make every effort to provide the full range of services in all the circumstances here prescribed. Remote geographical locations or unforeseen adverse circumstances may preclude the provision of the usual level of assistance, but in all cases in which such difficulties occur, the full money benefits will apply, subject to the terms and conditions of the Policy.

3.3.8 Subrogation

The Assistance Service Provider is entitled to take over the rights of the Insured Person in defence of settlement of a claim or in order to take steps against another party, for his own benefit. In such matters, the Assistance Service Provider will have complete freedom to act as he sees fit. The Assistance Service Provider can at all times pay the Insured Person the full sum for which he is liable, in accordance with the Policy, after which the Assistance Service Provider will have no further liability in respect of, or as a result of, such action.

3.3.9 Disposal of unused travel ticket

In the event of repatriation of the Insured Person, any possible unused travel tickets will be put at the disposal of the Assistance Service Provider upon its request.

3.3.10 Exclusion of the Insured Person

Any fraud, forgery or false evidence on the part of the Insured Person shall automatically end the obligations of the Assistance Service Provider to provide that Insured Person with the services on that particular occasion.

3.3.11 Reimbursement – Charges

In all the situations in which the Assistance Service Provider advances money on behalf of the Insured Person, the Assistance Service Provider shall be entitled to charge said advances directly to the Cardholder's Card account. The Assistance Service Provider is entitled to add an administrative charge of 3% with a minimum of EUR 10 to each advance processed. In any circumstances, the Cardholder will be obliged to reimburse costs for which the Assistance Service Provider is not responsible, within one month of being requested to do so.

3.3.12 Medical Emergency

A physical injury sustained, or sudden and unforeseen illness suffered, by the Cardholder whilst travelling outside the country of issuing which results in immediate in-patient or out-patient treatment being deemed necessary by a recognised medical practitioner.

3.3.13 Obligations

The Insured Person should take all the necessary steps to avoid claims having to be made or in order to keep them to a minimum.

The Assistance Service Provider will make every effort to provide the full range of services in all the circumstances prescribed in the terms and conditions. Remote geographical locations or unforeseen adverse circumstances may preclude the provision of the usual level of assistance, but in all cases in which such difficulties occur, the full money benefits will apply, subject to the terms and condition of this Policy.

The insurer is entitled to take over the rights of the Cardholder in defense of settlement of a claim or in order to take steps against another party, for his own benefit. In such matters, the Insurer will have complete freedom to act as he sees fit. The Insurer can at all times pay the Cardholder the full sum for which he is liable, in accordance with the Insurance, after which the Insurer will have no further liability in respect of, or as a result of, such action.

In the event of repatriation of the Cardholder, any possible unused travel tickets will be put at the disposal of the Assistance Service Provider.

If a false claim is submitted, or if fraudulent means or devices are used for purposes of obtaining a Benefit available under this insurance, all the Benefits available under this Policy will be forfeited.

In the event of disputes in respect of the sum that should be paid under this Policy (whereby liability is otherwise admitted), the settlement of such disputes will be referred to an arbiter, to be nominated by the parties, in accordance with the current statutory provisions. If disputes resulting from this provision have to be referred to arbitration, a prior condition for any right of claim against the Insurer will be that a pronouncement has been made.

The Cardholder will be obliged to reimburse costs for which the Assistance Service Provider is not responsible, within one month of being requested to do so.

3.4. Benefits

3.4.1 Travel Assistance

3.4.1.1 Pre-Travel Assistance

Upon request by the Insured Person, the Assistance Service Provider will provide information prior to the Insured Person's trip about the following items:

- Information for preparing a journey
- Information on visas, passports
- Information on inoculation requirements for foreign travel
- Information on customs and duty regulations
- Information on foreign exchange rates and value added taxes
- Referrals to Embassies or Consulates.

For pre-travel assistance, please call +352 46 12 75 551.

3.4.1.2 Unexpected return to the country of residence

In the event of severe damage to the Insured Person's home, or in case of serious medical condition or death of a close relative, or following an unexpected adverse situation affecting the Insured Person's company (death of a senior executive, blaze,...) in the country of residence necessitating the unscheduled return of the Insured Person, the Assistance Service Provider will organise and bear the costs of such unscheduled return, if the original ticket held by the Insured Person is not valid for that purpose.

3.4.1.3 Replacement of the Insured person

In case of illness or physical injury which, in the opinion of the Medical Team, prevents the Insured Person to continue his duties i.e. the original reason for a planned business trip outside the country of residence, the

Assistance Service Provider will organise and bear the costs of a return ticket for a colleague of the Insured Person who will take over the tasks originally assigned to the Insured Person.

3.4.1.4 Transmission of urgent messages

Upon request by the Insured Person, the Assistance Service Provider will transmit to any person named by the Insured Person any urgent message related to any emergency occurring during a trip Abroad.

3.4.1.5 Administrative assistance

In case of loss or theft of essential travel documents such as passport, entry visa, Airline ticket, the Assistance Service Provider will provide the Insured Person with the necessary information and assist him with regards to the formalities to be fulfilled with appropriate local authorities in order to obtain the replacement of such lost or stolen documents.

3.4.1.6 Advance of funds

The Assistance Service Provider will advance or guarantee payment up to EUR 6,000, on behalf of the Insured Person, in order to cover immediate expenses in an unexpected emergency situation where the Card cannot be used for payment, following a loss or theft duly reported to the appropriate public authorities and the Insurer or the person assigned by the Insurer.

If necessary, the above-mentioned limit shall be extended with the prior authorisation by the Insurer. In any case, the Insured Person or any person acting on his behalf shall sign an IOU (I owe You) prior to any advance or guarantee by the Assistance Service Provider.

The Assistance Service Provider shall be entitled to ask for the reimbursement of the sums advanced, subject to article 3.4.2.2. as soon as the Insured Person returns to his Country and within a maximum of 3 months from the date of advance or guarantee by the Assistance Service Provider.

If necessary and upon request by the Insured Person, the Assistance Service Provider will liaise with the Insured Person's health insurer, if any, so as to allow a direct settlement of the medical expenses by such health insurer.

3.4.1.7 Retrieval and re-routing of luggage

In the event of loss or misrouting of the Insured Person's luggage by a common carrier, the Assistance Service Provider will liaise with the relevant entity, such as an airline company, and will organise the dispatch of such luggage, if recovered, to a place where the Insured Person is staying. Costs of dispatch, if any, shall be borne by the Insured Person without prejudice of its possible claims against the responsible and/or the travel agent.

3.4.1.8 Dispatch of replacement personal items

Following damages to, loss or theft of the Insured Person's personal items, including forgotten items, that are essential to the continuation of the journey, such as but not limited to contact lenses, glasses and with the exception of any documents whether private or business related, the Assistance Service Provider will organise and pay for the dispatch of such replacement items to the place where the Insured Person is staying.

This service will be provided upon the condition that either the Assistance Service Provider is permitted and given access to such replacement items or, that such replacement items are delivered to the Assistance Provider's office as indicated by the Assistance Service Provider to the Insured Person or his representative.

3.4.2 Medical Assistance

3.4.2.1 Emergency Medical Referral

The Medical Team will provide the initial response to an Insured Person's request for medical assistance. The Medical Team will record the Insured Person's request and will advise the Insured Person regarding the immediate steps the Insured Person should take. The Medical Team will not make a diagnosis but, at the Insured Person's request and expense, will arrange for an appropriate diagnosis by a personal visit with a physician, with payment by the Insured Person at the time of such visit, or by making an appointment for the Insured Person with an appropriate medical facility, with payment by the Insured Person.

3.4.2.2 Advance of medical Expenses coverage outside the country of residence

In case of hospital admission following illness or physical injury or outpatient medical treatment while travelling Abroad, the Assistance Service Provider will advance medical expenses up to the amount covered by the Insurer covering hospitalisation benefits under the

terms and conditions of the hereafter article 5 Hospitalisation benefits.

Should the coverage be denied and/or should any exclusion prevent the insurer to cover any hospitalisation benefit, the Assistance Service provider shall advance and pay directly any healthcare provider as part of the Advance of Fund benefit as described in 3.4.1.6.

3.4.2.3 Medical evacuation / repatriation

Should the Insured Person suffer physical injury or illness such that the Medical Team and the attending physician recommend hospitalisation, the Assistance Service provider will arrange for:

- The transfer of the Insured Person into one of the nearest hospitals, and;
- If necessary on medical grounds;
- The transfer of the Insured Person to a hospital more appropriately equipped for the particular injury or illness, or;
- The direct repatriation, to an appropriate hospital or other health care facility near his Home, if his medical condition permits such repatriation.

The Assistance Service Provider's Medical Team and attending physician will determine whether the Insured Person's medical conditions permit repatriation as a regular passenger or whether other arrangements are necessary under the circumstances.

Payment of this benefit is covered by the Insurer underwriting the hospitalisation benefits under a separate Policy included in the Mastercard Platinum Card Benefits (subject to terms and conditions issued by the insurer of such benefit). Should the coverage be denied and/or should any exclusion prevent the other insurer to cover such benefit, the Assistance Service provider shall advance all costs associated with this benefit as part of the Advance of Fund benefit as **described** in 3.4.1.6.

3.4.2.4 Repatriation after medical treatment

Upon the Insured Person's discharge from the local hospital where he had been admitted, the Assistance Service Provider shall arrange and bear the costs for the repatriation of the Insured Person to his Home as a regular passenger when such travel is possible, according to the medical opinion of both the treating physician and the Assistance Service Provider's Medical Team. The Assistance Service Provider shall make such other arrangements as may be necessary according to the Insured Person's medical condition and shall bear the costs of such arrangements, if such other arrangements are not covered under the Insured Person's original return ticket.

3.4.2.5 Emergency visit

Should the Insured Person be hospitalised as a result of a physical injury or illness and if recommended based on medical grounds by the Medical team, the Assistance Service Provider will organise and bear the costs for a return ticket ("economy" class, starting in the Country) as well as reasonable accommodation for any person requested by the Insured Person and residing in the Country.

3.4.2.6 Hotel room for convalescence

The Assistance Service Provider will organise accommodation for the Insured Person for the sole purpose of convalescence immediately following his discharge from the hospital and if deemed medically necessary by both the treating physician and the Medical Team. The daily rate is limited to EUR 150.

The Medical Team shall determine the duration required for the convalescence with the local attending physician.

3.4.2.7 Repatriation of mortal remains

Upon the death of an Insured Person, the Assistance Service Provider will make all the necessary arrangements (including any activities necessary to meet official formalities), for the repatriation of the Insured Person's body or ashes to the place of burial in the Country, with the exclusion of funeral and burial expenses.

Payment of this benefit is covered by the Insurer underwriting the hospitalisation benefits under a separate Policy included in the Mastercard Platinum Card Benefits (subject to terms and conditions issued by the insurer of such benefit). Should the coverage be denied and/or should any exclusion prevent the other insurer to cover such benefit, the Assistance Service provider shall advance all costs associated with this benefit as part of the Advance of Fund benefit as described in 3.4.1.6.

3.4.2.8 Return of children left unattended

Following the Insured Person's hospitalisation and/or transportation the Assistance Service Provider will organise and bear the costs of the return to the Country of any child under the age of 15 (fifteen) years who was travelling with the Insured Person, provided that the original ticket held by the said child is not valid for that purpose.

3.4.2.9 Medical monitoring of the Insured person's close relative

In case of an illness or a bodily injury affecting a Insured Person's Close Relative residing in the Country, the Medical Team will monitor the condition of the said Close Relative and keep the Insured Person informed.

3.4.2.10 Dispatch of essential medicine

In case of medical necessity duly ascertained by the Medical Team, the Assistance Service Provider will dispatch essential medicine duly prescribed to the Insured Person and locally unavailable, or will determine, prescribe, obtain, and dispatch an equivalent medicine available locally. The Assistance Service Provider will bear the costs for dispatching.

In any case, the cost of such medicine will be borne by the Cardholder.

The transportation of the medicines remains subject in any case to the regulations at the time imposed by the airline companies or any other transportation company, as well as local and/or international law.

3.4.2.11 Specific exclusions regarding the medical assistance

The Policy does not offer any coverage with regard to:

- a. Claims arising from trips undertaken by the Insured Person against the advice of a medical practitioner or with the aim of undergoing medical treatment Abroad.
- b. Claims arising directly or indirectly from a medical condition which already existed within six months preceding the trip, unless a practitioner has given specific written confirmation of the Insured Person's fitness to travel, before his departure.
- c. Claims arising from a medical condition for which the Insured Person has received in-patient treatment in the last 12 months, or for which the Insured Person is on a hospital waiting list, or for which he has received a terminal prognosis unless a practitioner has given specific written confirmation of the Insured Person's fitness to travel, before his departure.
- d. Claims arising directly or indirectly from medical treatment Abroad, planned or known about in advance.

3.4.3 Legal Assistance

3.4.3.1 Legal Fees

In the event of an accident occurring while travelling Abroad, the Assistance Service Provider will:

Provide for the defence of the Insured Person in legal proceedings against him for civil liability in force in the country, and Conduct proceedings in order to obtain an indemnity from an identified third party for the Insured Person following personal injury and/or damages to his personal belongings if such damages are estimated to be in excess of Six Hundred Euro (EUR 600).

In all such cases, the counsel and/or lawyer appointed by the Assistance Service Provider shall act in a legal capacity for the Insured Person without any recourse to, responsibility of, indemnification by the Assistance Service Provider by reason of its appointment of counsel and/or lawyer.

The Assistance Service Provider up to a limit of Six Thousand Euro (EUR 6,000) will settle the counsel and/or lawyer's fees.

3.4.3.2 Advance of Bail bond

The Assistance Service Provider will deposit up to Thirty Thousand Euro (EUR 30,000) on behalf of the Insured Person, as security required from him in order to guarantee:

- The payment of the fees for the procedures, with exclusion of the deposits required for covering the civil liabilities, fines or personal indemnities to be paid by the Insured Person, and/or

- The release of the Insured Person in the event of his being detained following a road accident.

Such deposit shall be considered as a loan made by the Assistance Service Provider to the Insured Person who shall refund the Assistance Service Provider, subject to article 3.3.11, of the total amount advanced as soon as reimbursed to him in case of no suit or acquittal, or within 15 days from the decision of the court condemning the Insured Person and, in any case, within 3 months from the date of deposit by the Assistance Service Provider.

The Assistance Service Provider shall advance the amounts associated with this benefit as part of the Advance of Fund benefit as described in 3.4.1.6.

3.4.4 Concierge Service

The Assistance Service Provider shall endeavour to provide the following:

Assistance with worldwide flower deliveries.

Assistance with the purchase of readily available entertainment tickets. The actual cost of the services, ticket and/or items shall be borne by the Insured Person.

The service is dependent on the condition, which the provider of services tickets and/or items accepts to charge the actual cost to the Insured Person's Mastercard.

For concierge service, please call Danske Bank's travel assistance on +352 46 12 75 551.

3.5 General Exclusions

There will be no Benefits paid under this Policy in respect of/or for:

- Claims arising from circumstances, which were known, to the Insured Person before the commencement of the trip.
- Losses, damage or costs which, at the time when they occur, are insured under another existing certificate, or which would have been insured under it if the Policy had not existed.
- Costs that would have been payable if the incident, which is the subject of the claim, had not occurred.
- Consequential losses, of any sort, other than those, which are expressly mentioned in the terms and conditions of the Policy.
- Any wilful act on the part of the Insured Person.

- Suicide or insanity on the part of the Insured Person, wilful self-harm, alcoholism, drugs addiction, or the use of solvents or being under the influence of alcohol or drugs.
- Loss, damage, death, injury, illness, invalidity or costs brought about by war, invasion, the actions of a foreign enemy, hostilities (whether war has been declared or not), terrorist activity, civil war, rebellion, revolution, insurrection, military or usurped power, or participation in internal commotion or riot, of any sort.
- Legal liability, of any sort, caused directly or indirectly by or arising from:
- Ionising radiation or contamination by radioactivity from other radioactive waste from the combustion of nuclear fuel.
- The radioactive, poisonous, explosive, or other dangerous properties of an explosive nuclear assembly or a component thereof.

4. TRAVEL ACCIDENT - INSURANCE SCHEME

4.1 Definitions

Trip: means any Trip of maximum 60 consecutive days Abroad for which the cost of transport and/or accommodation has been charged to the Insured Card. In the event that the cardholder pays only part of his fare the following will apply:

- Less than 50 % of fare for travel has been paid by using the Insured Card, policy cover does not apply;
- Between 50% and 75% of fare for travel for travel has been paid by using the Insured Card, policy cover is reduced in same proportion as to which total fare was paid;
- Between 75% and 100% of fare for travel for travel has been paid by using the Insured Card, policy cover applies for 100%.

Perilous Act: Act (sports or activity) dangerous to human life or property or the conditions of your health.

Illness: Damage to the health of the Insured Person, that was not caused by an Accident, and which shows objective and undeniable symptoms established by a Certified Medical Doctor.

Certified medical Doctor: Doctor of medicine and/or a member of a medical association, legally authorized to practice medicine in the country where the loss and/or the treatment thereof occurs.

Accident: Sudden event during the duration of the contract, the cause or one of the causes of which, is beyond the control of the Insured person and causes Physical Injury to the Insured Person.

Accidental Death: If the Insured Person dies within the period of two years following the covered Accident exclusively from the consequences of that accident.

Injury: means accidental death or bodily injury caused by an accident occurring whilst the Policy is in force to the **Insured Person** and resulting directly and independently of all other causes of loss covered by the Policy provided such accidental death or injury is sustained under the circumstances and in the manner described in the "Benefits".

Insured Person: The Cardholder (as described above) and his spouse or common law partner, his fiscally dependent children under 25 years of age, living in the Country. Also, to be considered as spouse, the partner as viewed in the Luxembourg law of July 9, 2004 concerning legal effects of some specific relationships,

are covered as well the cardholder's spouse and children when travelling without the cardholder.

Organised Group: a group of people travelling together for whom travel organization has been arranged by any single member of the group concerned in their joint interests.

Public Transport: means all kinds of licensed passenger conveyance by regular line.

Chartered flights and shuttle services are considered as Public Transport if the aircraft has been chartered by a travel agency or a tour operator.

The following are not covered:

Airplanes hired by an Insured Person for private or business purposes, except for Insured Persons holding a professional license to fly and who hire an airplane for use during the period covered. Coaches are covered if chartered by a travel agency or a tour operator.

Rental Cars: cars means all motorized cars of at least 4 wheels used by the Cardholder for private transport of persons or goods for a period not exceeding 60 days. Leasing and long term rentals are not covered.

Third Party: any person other than the Insured, his Spouse or common-law partner, civil partner, children, step children or parents.

4.2 Coverage

4.2.1 Benefits

Provides coverage in the event of an Accident causing Death or Permanent Invalidity. Coverage (lump sum) is granted for loss resulting from Accidental Death or Permanent Invalidity occurring during any Trip (in country and abroad) by public means of transport and/or during a stay Abroad (up to 60 consecutive days). Insurance includes also reimbursement of the cost of search and repatriation to country of domicile of the mortal remains up to EUR 30.000.

The benefits specified in 4.2.1.3 "Schedule of benefits" will be paid if, while the policy is in force.

A. Transport

The Insurer shall pay to the Beneficiary the benefit set out in the Schedule of Benefits in the event that an Insured Person suffers loss resulting, directly and independently of all other cause, from an Injury received during a one-way/return or round Trip taken by the Insured Person between the Home point of departure and the destination or on the return journey (both as designated in the Insured Person's ticket) on or after the

date of ticket purchase; provided, however, such injury is sustained under the circumstances specified in 1 or 2 or 3 as follows:

1. Such Injury received while travelling as a passenger, and not a pilot or crew member, in, or boarding or alighting from or being struck by, an air, land or water Public transport provided the fare for such travel has been charged to an Insured Card;
2. Such Injury received while travelling as a passenger in a Public transport or in a taxi, or while travelling as a driver or passenger of a private car, but only:
 - a) when going directly to an airport or place of embarkation for the purpose of boarding an aircraft, vessel or train on which the Insured Person is covered by the Policy even if the fare was not charged to an Insured Card;
 - or
 - b) when returning directly from an airport or place of embarkation after alighting from such aircraft, vessel or train even if the fare was not charged to an Insured Card.
3. Such Injury received while travelling as a passenger or driver of a Rental Car provided the fare has been charged to an Insured Card.

B. Stay

The Insurer shall pay to the Beneficiary the benefit set out in the Schedule of Benefits in the event that an Insured Person suffers loss resulting, directly and independently of all other cause, from an Injury during an Insured Person's Trip in circumstances other than those described under Section 4.2.1 A "Transport" above. Cover under this Section 4.2.1 B commences from the date on which the Trip runs until the Insured Person returns Home, provided that the Insured Person's Trip does not exceed a period of 60 consecutive days.

During Insured Person's Trip, accident insurance cover is guaranteed 24 hours a day.

4.2.1.1 Loss of life Accident Indemnity

Subject to A and B above, when Injury results in loss of life of the Insured Person within two years after the date of the Insured accident, the Insurer will pay the Loss of Life Accident Indemnity set out under "Schedule of Benefits" below in section 4.2.1.3.

4.2.1.2 Permanent Total Invalidity accident indemnity

Subject to A and B above, when Injury does not result in loss of life of the Insured Person but does result in any one of the following losses listed below within one year after the date of the insured accident, the Insurer will pay the amount set opposite said loss, but not exceed

the Permanent Total Invalidity Accident Indemnity set out in section 4.2.1.3 "Schedule of Benefits". If more than one loss results from one accident, only the greater of the amount set opposite each loss will be paid.

Loss	Benefit amount
Both hands)	
Both feet)	
The entire sight of both eyes)	<i>the Permanent Total Invalidity</i>
One hand and one foot)	<i>Accident Indemnity</i>
One hand and the entire)	
sight of one eye)	
One foot and the entire sight of one eye)	
One hand)	<i>fifty per cent (50%)</i>
One foot)	<i>of the Permanent Total Invalidity</i>
The entire sight of one eye)	<i>Accident Indemnity</i>

Loss as used above with reference to hand or foot, means complete severance or complete functional disability through or above the wrist or ankle joint and, as used with reference to eye, means irrecoverable loss of the entire sight thereof.

In the event of any accident to a disabled person, the Insured Person is entitled to indemnity for any increase in his degree of disablement. Any other Partial Invalidity, as the ones listed above, are not covered under this policy.

4.2.1.3 Schedule of benefits

The aggregate limit of indemnity per Insured Person:

EUR 280.000 including a maximum of EUR 30.000 per Insured Person for search and/or repatriation of mortal remains.

Organized groups are covered up to EUR 5.000.000 for any one accident.

A) In case of an accident occurring when travelling:

Loss Of Life (Accident Indemnity):	EUR 350.000
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<p>Permanent Total Invalidity (Accident Indemnity):</p> <p>In case of Children's loss of life, the benefit to be paid to the beneficiary will be:</p> <p>Children up to 5 years of age:</p> <p>Children from 5 to 15 years of age:</p> <p>Children above 15 years of age:</p> <p>The age taken into account is the age at the time of death.</p> <p>B) In case of an accident occurring when travelling by means of a Rental car:</p> <p>Loss Of Life (Accident Indemnity):</p> <p>Permanent Total Invalidity (Accident Indemnity):</p> <p>C) Search and/or repatriation of mortal remains:</p> <p>Maximum limits:</p>	<p>up to EUR 350.000</p> <p>EUR 10.000</p> <p>EUR 20.000</p> <p>up to EUR 350.000</p> <p>EUR 100.000</p> <p>up to EUR 100.000</p> <p>EUR 30.000 per Insured Person.</p>	<p>Insurance certificates obligate the Insurer to pay in excess of the "Schedule of Benefits" for any one loss sustained by any one individual Insured Person as a result of any one accident under the Policy, or under Mastercard Travel Accident Insurance policies wherever issued.</p> <p>The limit of indemnity for which the Insurer shall be liable for all losses to any one Insured Person arising out of any one accident, is the aggregate limit of indemnity as set out in section 4.2.1.3 "Schedule of Benefits".</p> <p>The limit of indemnity in case of child loss of life will never be higher than laws and regulations in force at the time of acceptance permit.</p> <p>The amount of indemnity due under the Loss of Life Accident Indemnity and the Permanent Total Invalidity Accident Indemnity of the Policy cannot be aggregated or cumulated.</p> <p>4.2.1.6 Exposure and Disappearance When, by reason of an accident covered by the Policy, an Insured Person is unavoidably exposed to the elements and, as a result of such exposure, suffers a loss for which indemnity is otherwise payable hereunder, such loss shall be covered under the terms of the Policy.</p> <p>When the Insured Person disappears and his body is not discovered within the year following the disappearance or the destruction of the means of land, air or sea conveyance in which the Insured Person was travelling at the time of the accident, it will be assumed that the Insured Person died as a result of this accident and the Loss of life accident indemnity will be payable by the Insurer.</p> <p>If, after payment, it is determined that the Cardholder is still alive or he has no Permanent Total Invalidity, all the amounts paid by the insurance provider in settlement of the stated claim will be repaid by the Cardholder and/or the beneficiary/beneficiaries.</p> <p>4.2.1.7 Piracy, Attacks, Terrorism Subject to the "Exclusions" Section below, coverage is granted to Insured Persons if Injuries are sustained by acts of piracy, attacks, terrorism, extortion, or other similar event, always provided that the Insured Person has not active participated in those acts.</p> <p>4.3 Exclusions The Policy does not cover any loss, fatal or non-fatal, caused by or resulting from:</p> <ol style="list-style-type: none"> 1. suicide or self-destruction or any attempt, while sane or insane, any attempt thereat while sane or self-destruction or any attempt thereat while insane;
<p>4.2.1.4 Search and repatriation The cost of search and rescue of an Insured Person following an accident will be taken in charge by the Insurer.</p> <p>These costs include the means used by the rescuers from the point of departure as far as the nearest hospital.</p> <p>When the Insured Person's accident leads to death, the Insurer will reimburse the cost of repatriating the mortal remains.</p> <p>In all cases, the repatriation must be effected in the most economic manner and the Insurer will only reimburse reasonable and customary expenses.</p> <p>As per article 4.2.1.3. Schedule of Benefits, the benefits paid by the Insurer for search and/or repatriation coverage will never exceed EUR 30.000 per Insured Person.</p> <p>4.2.1.5 Maximum Limits In no event will duplicate or multiple Mastercard Cards or duplicate or multiple Mastercard Travel Accident</p>		

2. a) war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power;
- b) any act of an Insured Person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of any government (whether with legal authority or not);
3. illegal acts of an Insured Person or an Insured Person's designated beneficiary, executor(s) or administrators) or legal heirs or personal legal representative;
4. insured Person driving a vehicle under the influence of alcohol unless it can be proved by him or his beneficiaries that there is no causal link (the state of intoxication will be determined according to the regulations in force in the Country where the accident occurred);
5. the Insured Person(s) participating in bets, challenges, or Perilous Acts;
6. the piloting of aircraft except for persons holding a professional license to fly;
7. motorized speed or reliability trials and races;
8. the Insured Person engaging during the period of sojourn in manual work, in connection with a profession, business or trade;
9. normal and habitual travel to and from the Cardholder's home and place of employment or second residence shall not be considered as an insured journey.

The Insurer shall not be liable in respect of (1) injury or loss of life whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss, or (2) any legal liability of whatsoever nature, directly or indirectly caused by or contributed to by or arising from:

- a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;

or

- b) radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

4.4 Required actions

The Insured Person having sustained an injury or illness hereby authorizes his doctor to provide any medical information to the Insurer's medical examiner.

The Insured Person undertakes to have, at the Insurer's request, a medical examination, the fees for which will be paid by the Insurer.

In the event of the death of the Insured Person, the Insurer is entitled to request that a post mortem be carried out prior to approving the claim, the fees for which will be borne by the Insurer.

4.5 Required proof of loss

All medical certificates, accounts, receipts, information required and other documents relative to this claim shall be furnished in such forms as the Insurer may require and at the expense of the Insured Person or other claimant.

4.6 Travel Accident - Claims payment

The payment of benefits due hereunder will be made directly to the Insured Person or where appropriate, his nominated beneficiary.

Loss of Life Accident Indemnity and any other accrued benefits unpaid at the Insured Person's death shall be payable in accordance with the designation of beneficiary made by the Insured Person.

If no beneficiary has been designated or if the designated beneficiary has predeceased the Insured Person, such benefits shall, at the Insured Person's option and in accordance with the laws of the Country of payment, be paid to the Insured Person's executor(s) or administrator(s), legal heir(s) or personal legal representative(s), but no benefits will be payable to the State.

All other benefits will be payable to the Insured Person.

The receipt from the person(s) to whom payment is made will fully discharge the Insurer.

Nevertheless, if the Card account shows a negative balance when the Loss of Life Accident Indemnity claim occurs, the Insurer may deduct from the benefit payable hereunder an amount equal to that negative balance and pay the remaining amount to the Insured Person or his beneficiary, as appropriate.

Benefits are payable in the local currency of the Country in which membership was issued at the average exchange rate of the Euro in force on the day of the accident.

5. HOSPITALISATION ABROAD - INSURANCE SCHEME

5.1 Definitions

Insured Person: The Cardholder and his spouse or common law partner, his fiscally dependent children under 25 years of age, living in the Country.

Also, to be considered as spouse, the partner as viewed in the Luxembourg law of July 9, 2004 concerning legal effects of some specific relationships.

Third Party: any person other than the Insured, his Spouse or common-law partner, civil partner, children, step children or parents.

Trip: means any Trip of maximum 60 consecutive days.

Cover will be valid even if the Trip has not been charged to the Card.

Perilous Act: Act (sports or activity) dangerous to human life or property or the conditions of your health.

Illness: Damage to the health of the Insured Person, that was not caused by an Accident, and which shows objective and undeniable symptoms established by a Certified Medical Doctor.

Certified Medical Doctor: Doctor of medicine and/or a member of a medical association, legally authorized to practice medicine in the country where the loss and/or the treatment thereof occurs.

Accident: Sudden event during the duration of the contract, the cause or one of the causes of which, is beyond the control of the Insured person and causes Physical Injury to the Insured Person.

Hospitalisation: Medically required stay in a Hospital for the treatment of an Accident.

Hospital: An institution, recognized by the Ministry of Public Health of the country where the Accident occurs, for the purpose of medical treatment of patients and persons, with the exclusion of: health resorts, sanatoria, institutions for mental patients and for revalidation, rest homes and similar institutions.

5.2 Coverage

5.2.1 Benefit

Provides cover for the hospitalisation in the event of an accident and illness while travelling Abroad.

5.2.2 Insured amount

The Insurer shall pay a daily indemnity of EUR 50 per

day per Insured Person during a maximum 30 days hospitalisation, during a trip abroad of maximum 60 consecutive days. For the USA and Switzerland the daily indemnity will be EUR 75 per day per Insured Person during a maximum 30 days hospitalization, during a trip abroad of maximum 60 consecutive days.

5.3 Exclusions

Following claims are excluded from the coverage:

1. suicide or self-destruction or any attempt, while sane or insane, any attempt thereat while sane or self-destruction or any attempt thereat while insane;
2. a) war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power;
b) any act of an Insured Person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of any government (whether with legal authority or not);
3. illegal acts of an Insured Person or an Insured Person's designated beneficiary, executor(s) or administrators) or legal heirs or personal legal representative;
4. Insured Person driving a vehicle under the influence of alcohol unless it can be proved by him or his beneficiaries that there is no causal link (the state of intoxication will be determined according to the regulations in force in the Country where the accident occurred);
5. the Insured Person(s) participating in bets, challenges, or Perilous Acts;
6. the piloting of aircraft except for persons holding a professional license to fly;
7. motorised speed or reliability trials and races;
8. the Insured Person engaging during the period of sojourn in manual work, in connection with a profession, business or trade;
9. use of drugs other than under medical supervision;
10. hospitalisation during trips specifically made for the purpose of obtaining medical treatment;
11. journeys or trips booked against medical advice or when the trip is not authorized by the transporters;

12. venereal disease, HIV, AIDS or ARC (Aids Related Condition);

13. Routine medical costs;

14. Hospitalisation during a Trip inside the Country.

The Insurer shall not be liable in respect of (1) injury or loss of life whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss, or (2) any legal liability of whatsoever nature, directly or indirectly caused by or contributed to by or arising from:

- a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
- b) radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

5.4 Required actions

The Insured Person having sustained an injury or illness hereby authorizes his doctor to provide any medical information to the Insurer's medical examiner.

The Insured Person undertakes to have, at the Insurer's request, a medical examination, the fees for which will be paid by the Insurer.

5.5 Required proof of loss

All medical certificates, accounts, receipts, information required and other documents relative to this claim shall be furnished in such forms as the Insurer may require and at the expense of the Insured Person or other claimant.

5.6 Claims payment

All payments to be made by the Insurer under this Policy shall be paid to the Insured Person.

The payment of benefits due hereunder will be made directly to the Insured Person or his beneficiary, as appropriate. Any payment to third parties (including, without limitation, hospitals or transport companies) will be paid directly by the Assistance Company to the relevant third party. When such payment has been paid or advanced by the Cardholder to the third party, the insurer will reimburse the Cardholder. Benefits are payable in the local currency of the Country at the average exchange rate of the Euro in force on the day of the hospitalisation.

6. MEDICAL EXPENSES - INSURANCE SCHEME

6.1 Definitions

Insured Person: The Cardholder (as described above) and his spouse or common law partner, his fiscally dependent children under 25 years of age, living in the Country.

Also, to be considered as spouse, the partner as viewed in the Luxembourg law of July 9, 2004 concerning legal effects of some specific relationships.

Trip: means any Trip of maximum 60 consecutive days.

Perilous Act: Act (sports or activity) dangerous to human life or property or the conditions of your health.

Illness: Damage to the health of the Insured Person, that was not caused by an Accident, and which shows objective and undeniable symptoms established by a Certified Medical Doctor.

Accident: Sudden event during the duration of the contract, the cause or one of the causes of which, is beyond the control of the Insured person and causes Physical Injury to the Insured Person.

6.2 Coverage

6.2.1 Benefit

Provides coverage for the medical expenses in the event of an accident or an illness while travelling abroad. Cover will be valid even if the Trip has not been charged to the Card.

Reimbursement or direct payment of the medical expenses encountered following an accident or illness during any trip abroad of maximum 60 consecutive days. Coverage includes hospital and nursing home expenses and repatriation to country of domicile on medical grounds agreed and organized by the Assistance Service Provider.

If there is any other insurance covering the reimbursement of medical expenses the Policy shall not be operative until all other insurances are exhausted.

6.2.2 Insured Amount

The coverage is granted resulting from an accident or illness to an Insured Person during a stay of maximum 60 consecutive days Abroad.

The cost up to limit of EUR 20.000 per claim but not exceeding the limit in respect of all claims arising from:

- medically required massage following surgery;
- emergency dental treatment;

- moving the Insured Person from the scene of the incident;
- hospital and home nursing expenses;
- reasonable additional accommodation and travel expenses (including those of any one person, or two parents or guardians where a Child is the injured party, who is/are required on medical advice to travel or to stay with or escort an Insured Person who is the subject of a claim under this Section);
- funeral expenses overseas or transport of mortal remains or ashes in the event of death to the Insured Person's Home in the Country;
- repatriation on medical grounds during the period of the Trip resulting from accidental bodily injury, sickness, complications of pregnancy or hi-jack;
- medically required treatment.

6.3 Exclusions

The Insurer shall not be liable for loss caused by or arising from:

1. suicide or self-destruction or any attempt, while sane or insane, any attempt thereat while sane or self-destruction or any attempt thereat while insane;
2. a) war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power;
b) any act of an Insured Person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of any government (whether with legal authority or not);
3. illegal acts of an Insured Person or an Insured Person's designated beneficiary, executor(s) or administrators) or legal heirs or personal legal representative;
4. Insured Person driving a vehicle under the influence of alcohol unless it can be proved by him or his beneficiaries that there is no causal link (the state of intoxication will be determined according to the regulations in force in the Country where the accident occurred);
5. the Insured Person(s) participating in bets, challenges, or Perilous Acts;
6. the piloting of aircraft except for persons holding a professional license to fly;
7. motorised speed or reliability trials and races;
8. the Insured Person engaging during the period of sojourn in manual work, in connection with a profession, business or trade;

9. use of drugs other than under medical supervision;
10. medical expenses incurred during trips specifically made for the purpose of obtaining medical treatment;
11. journeys or trips booked against medical advice or when the trip is not authorised by the transporters;
12. venereal disease, HIV, AIDS or ARC (Aids Related Condition);
13. routine medical costs;
14. medical expenses incurred during a Trip inside the Country.

The Insurer shall not be liable in respect of (1) injury or loss of life whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss, or (2) any legal liability of whatsoever nature, directly or indirectly caused by or contributed to by or arising from:

- a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
- b) radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

6.4 Required actions

The Insured Person having sustained an injury or illness hereby authorizes his doctor to provide any medical information to the Insurer's medical examiner.

The Insured Person undertakes to have, at the Insurer's request, a medical examination, the fees for which will be paid by the Insurer.

6.5 Required proof of loss

All medical certificates, accounts, receipts, information required and other documents relative to this claim shall be furnished in such forms as the Insurer may require and at the expense of the Insured Person or other claimant.

6.6 Claims payment

All payments to be made by the Insurer under this Policy shall be paid to the Insured Person.

Benefits are payable in the local currency of the Country in which membership was issued at the average exchange rate of the Euro in force on the day of the payment of the indemnity to the Insured Person.

7. DELAYED FLIGHT / MISSED CONNECTION - INSURANCE SCHEME

7.1 Definitions

Insured Person: The Cardholders and all persons travelling with Cardholder by prior arrangement, but only if and while travelling together with the principal Cardholder.

Trip: means any Trip of maximum 60 consecutive days Abroad for which 100% of the total cost of transport and/or accommodation has been charged to the Insured Card.

7.2 Coverage

7.2.1 Benefit

Purpose of the coverage is to reimburse the Insured for reasonable expenses of essential purchases in the event that the travel is delayed more than 4 hours when travelling on a Trip.

Cover applicable in country on outbound flights and abroad.

7.2.2 Insured Amount

Reimbursement is made per group of Insured persons for reasonable expenses up to EUR 125 for essential purchases paid with the Card for meals, refreshments, additional travel and/or accommodation expenses, if the delay exceeds more than 4 hours in the journey or the connection due to:

- delay or cancellation of his booked and confirmed journey;
- involuntary denial of boarding due to overbooking on his booked and confirmed journey;
- late arrival of his connecting journey causing him to miss his onward journey connection;
- late arrival (more than 1 hour) of public transport, causing him to miss the flight or other transit and when the insured would have had sufficient time to arrive & check in had the delay not occurred;

The coverage is granted per group up to a maximum of EUR 200 per claim.

Reimbursement is made per group of Insured persons that are travelling together on a Trip.

All amounts are only for real expenses in excess of any compensation paid by the carrier.

7.3 Exclusions

No claim will be covered:

- if comparable alternative transport has been made available within 4 hours after scheduled departure time or within 4 hours of an actual connecting flight arrival time;
- if the Insured fails to check-in according to the itinerary supplied, unless it is due to an unexpected strike;
- if the delay is due to a strike or industrial action existing or announced 24 hours before the start of the journey;
- if the delay is due to withdrawal of the vessel or vehicle from service by any civil authority of which notice had been given 24 hours before the start of the journey;
- for journeys from and to work or place of residence;
- any other delay than listed in 7.2.2. 'Insured Amount' are excluded.

7.4 Required actions

Notification of claim must be done within 21 days following the return in country;

7.5 Required proof of loss

Following proofs of loss documents shall be communicated to Tryg Forsikring:

- original written statement from the carrier confirming the delay or overbooking or late arrival;
- original receipts that sums the costs for the expenses made;
- if the Insured Card could not be used for the essential purchases, the till receipt for these purchases must be retained.

8. DELAYED LOST LUGGAGE - INSURANCE SCHEME

8.1 Definitions

Contract of Carriage: a contract between a carrier of passengers and the passenger, which defines the rights, duties and liabilities of parties to the contract. The purchase of a travel ticket is the basis of a contract of carriage.

Delayed Luggage: registered luggage entrusted to a carrier in the framework of a contract of carriage that cannot be made available to the Insured after a delay of more than 4 hours.

Insured Person: The Cardholder (as described above) and his spouse or common law partner, his fiscally dependent children under 25 years of age, living in the Country. Also, to be considered as spouse, the partner as viewed in the Luxembourg law of July 9, 2004 concerning legal effects of some specific relationships for which the travel costs were paid with the card by prior arrangement.

Lost Luggage: registered luggage entrusted to a carrier in the framework of a contract of carriage that cannot be made available to the Insured after a delay of more than 48 hours.

Trip: means any Trip of maximum 60 consecutive days Abroad for which 100% of the total cost of transport and/or accommodation has been charged to the Insured Card.

8.2 Coverage

8.2.1 Benefit

Purpose of the coverage is to reimburse the Insured in the event that the luggage is delayed more than 4 hours, or lost for more than 48 hours when travelling on a Trip.

Coverage applicable in country on outbound flights and abroad.

ATTENTION: COVERAGE IS NOT GRANTED WHEN COMING BACK TO CARDHOLDER'S HOME.

8.2.2 Insured Amount

Reimbursement is made per group of Insured person, for the costs of emergency purchases paid with the Card of necessary replacement clothing and toiletries on basis of the receipts (i.e. not a lump sum) if cardholder's luggage fails to arrive within 4 hours (delayed) after arrival at destination.

There is an additional extended amount per group of Insured persons, if luggage fails to arrive within 48 hours (lost) for purchases of essential clothing and toiletries only if such purchases are made within 4 days of actual arrival at destination and are charged to the Card.

The coverage is granted per group up to a maximum of

- delayed Luggage for more than 4 hours: EUR 450 per claim.
- lost Luggage after 48 hours: additional EUR 550 per claim (with a maximum per claim of EUR 1.000).

Reimbursement is made per group of Insured persons that are travelling together on a Trip.

All amounts are only for real expenses in excess of any compensation paid by the carrier.

Reasonable measures must have been taken to recover baggage by the Insured and any accompanying insured persons.

8.3 Exclusions

No purchase will be reimbursed:

- if the Insured cannot give evidence of purchases that have been made;
- that was made after the luggage being returned;
- that was made after 4 days of actual arrival at destination;
- in case of confiscation, seizure or destruction of luggage at the instruction of an administrative authority;
- in case of luggage delayed/lost on the inward or Home-bound Trip of the Insured Person;
- in case of luggage delayed/lost on Trips from and to work or place of residence are excluded.

8.4 Required actions

Notification of claim must be done within 21 days following the return in country.

8.5 Required proof of loss

Following proofs of loss documents shall be communicated to Tryg Forsikring:

- original report from the carrier;
- original receipts that sums the costs for the emergency purchases made (clothing and toiletries);
- if the Insured Card could not be used for the emergency purchases, the till receipt for these purchases must be retained.

8.6 Claims payment

All payments to be made by the Insurer under this Policy shall be paid to the Insured Person.

Benefits are payable in the local currency of the Country in which membership was issued at the average exchange rate of the Euro in force on the day of the accident.

9. TRAVEL CANCELLATION / CURTAILMENT

9.1 Definitions

Trip: means any Trip of maximum 60 consecutive days Abroad for which 100% of the total cost of transport and/or accommodation has been charged to the Insured Card.

Date of Departure: means the date of departure of the travel mentioned in the travel contract; OR the date of commencement of the stay at a holiday resort, mentioned in the travel contract.

Date of Travel Reservation: means the date of booking services by a professional operator and/or intermediary.

Major Damage to Real Estate: means any exceptional and accidental damages to real estate belonging to the Insured Person, resulting from causes beyond the control of the Insured person, in consequence of which the booked journey is impossible.

2nd Degree Family Member/Close Relative: Spouse, mother, father, mother-in-law, father-in-law, daughter, son (including adopted daughter or son), stepchildren, grandfather, grandmother, grandson, grand-daughter, brother, sister, brother-in-law, sister-in-law or fiancé(e) of the Insured Person.

Certified Medical Doctor: Doctor of medicine and/ or a member of a medical association, legally authorized to practice medicine in the country where the loss and/ or the treatment thereof occurs.

Accident: Sudden event during the duration of the contract, the cause or one of the causes of which, is beyond the control of the Insured person and causes Physical Injury to the Insured Person.

Serious Illness: Damage to the health of the Insured Person, that was not caused by an Accident, and which shows objective and undeniable symptoms established by a Certified Medical Doctor.

Third Party: any person other than the Insured, his Spouse or common-law partner, civil partner, children, step children or parents.

9.2 Coverage

9.2.1 Benefit

Provides coverage in the event that a Trip (in country or abroad) was cancelled or curtailed due to serious illness, accident, or death of an insured person or a close relative, or damage to the cardholder's residence or office.

9.2.2 Insured Person

The following persons shall be eligible as Insured Persons:

The Cardholder and his spouse or common law partner, his fiscally dependent children under 25 years of age, living in the Country. Also, to be considered as spouse, the partner as viewed in the Luxembourg law of July 9, 2004 concerning legal effects of some specific relationships for which the travel costs were paid with the card by prior arrangement.

9.2.3 Insured Amount

Reimbursement is made for the costs, limited up to the maximum amount of EUR 6.000 for :

Cancellation of the booked trip (in country or abroad) before the date of departure in case of :

- a) serious illness, Accident or death of the Cardholder, his Spouse, Children or any 2nd degree family member/Close Relative;
- b) major damage to real estate which urgently requires the presence of the Cardholder on the premises, resulting from theft, fire or natural perils caused to the Cardholder's principal and secondary residence or business office where the Cardholder is the owner, manager or principal of that business;
- c) delay in the pre-booked itinerary due to a strike, industrial action, adverse weather conditions, mechanical breakdown or defect or overbooking which affects the aircraft, vessel or other licensed passenger carrying transport, subject to a minimum delay of 24 hours.
- d) curtailment (early return) during the Trip, in case of:
 - a) serious illness, Accident or death of the Cardholder, his Spouse, Children or any 2nd degree family member /Close Relative;
 - b) major damage to real estate which urgently requires the presence of the Cardholder on the premises, resulting from theft, fire or natural perils caused to the Cardholder's principal and secondary residence or business office where the Cardholder is the owner, manager or principal of that business.

The Insurer shall reimburse an amount up to but not exceeding the above mentioned insured amount against:

- deposits already paid (if not recoverable) and any amounts for which the Insured is legally responsible if the Trip is cancelled;
- a proportionate amount of expenses paid or incurred

and not recoverable or usable which are lost due to a delay, subject to a minimum of 24 hours, in the pre-booked itinerary listed in c) above;

- a proportionate amount of expenses paid or incurred and not recoverable or usable which are lost for curtailment of the Trip, due to cases listed above in a) and b);
- additional travelling and accommodation costs, incurred due to curtailment of the trip for cases listed above in a) and b).

9.3 Exclusions

Under no circumstances, the claim will be paid for the following causes:

- government regulation or act of currency restriction;
- unemployment;
- disinclination to travel or continue the holiday;
- financial circumstances of any Insured person;
- failure by the tour operator or any provider of transport or accommodation to fulfil the holiday booking;
- bankruptcy of the tour operator or any provider of transport or accommodation;
- non issue of visas. The Insurer shall not be liable where the cancellation or curtailment occurred in consequence of:
- intentional self inflicted injury while sane or insane;
- excessive use of alcohol or use of drugs other than under medical supervision;
- insured Person driving vehicle under the influence of alcohol unless it can be proved by him or his beneficiaries that there is no proximate link (the state of intoxication will be determined according to the regulations in force in the Country where the accident/incident occurred);
- war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power;
- ionizing radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;
- the radioactive, toxic explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
- bodily injury caused by accident or illness for which a medical treatment had commenced prior to making travel reservation;
- chronic or pre-existent illness of the Insured Person, unless no medical or paramedical treatment was required during the month preceding the date of making the travel reservation (condition considered stabilized) and if the doctor in attendance is of the opinion that there were no counter indications to making the Trip;

- accidents or disturbances consecutive to: contact sports, caving / pot holing, taking part in races of any kind, speed-trials or competitions;
- practising professional or remunerative sports, as well as training in connection therewith;
- psychological, psychosomatic, mental and nervous disturbances, unless they require an uninterrupted hospitalization lasting at least one week;
- trips made against medical advice or when the trip is not authorized by the transporters;
- insolvency of the Insured Person;
- delay due to traffic disturbances and other incidents; Delay on the inward or Home Bound Trip due to a strike, industrial action, adverse weather conditions, mechanical breakdown or defect or overbooking which affects the aircraft, vessel or other licensed passenger carrying transport;
- the Insurer will not be liable for administrative, visa and other similar costs.

9.4. Required actions

- the Insured person having sustained an injury authorizes his doctor to provide any information to the Insurer's medical examiner.
- the Insured person undertakes to undergo, at the Insurer's request, a medical examination for which the fees will be borne by the Insurer.
- in the event of death, the Insurer is entitled to request that a post mortem be carried out prior to approving the claim, for which the fees will be borne by the Insurer.

9.5 Required proof of loss

All medical certificates, accounts, receipts and information required by Insurer shall be furnished in such forms as the Insurer may require and at the expense of the claimant.

Any other document the Insurer would require to handle the claim.

10. THIRD PARTY LIABILITY

10.1 Definitions

Third party: any person other than the Insured, his Spouse or common-law partner, civil partner, children, step children or parents.

Trip: means any Trip of maximum 60 consecutive days Abroad for which 100% of the total cost of transport and/or accommodation has been charged to the Insured Card.

Bodily injury: any physical injury suffered by a person.

Material Damage: any alteration, deterioration, loss and/or destruction of an object or substance including any physical injury to animals.

10.2 Coverage

10.2.1 Benefit

Provides coverage for the financial consequences of public liability while travelling on a Trip abroad if the Insured Person causes injuries or damage to a Third Party.

10.2.2 Insured Person

The following persons shall be eligible as Insured Persons:

The Cardholder (as described above) and his spouse or common law partner, his fiscally dependent children under 25 years of age, living in the Country. Also, to be considered as spouse, the partner as viewed in the Luxembourg law of July 9, 2004 concerning legal effects of some specific relationships for which the travel costs were paid with the card by prior arrangement.

10.2.3 Insured Amount

The Insurer will indemnify the Insured Person up to the limit of EUR 1.500.000 (Bodily Injury and material Damage combined) in respect of any actual financial liability incurred by the Insured Person under any applicable law in force from time to time regarding Bodily Injuries and Material Damages to Third parties by the Insured Person during a Trip.

10.3 Exclusions

The Policy does not cover any third party liability caused by or resulting from:

1. Any automobile liability or aviation exposure;
2. Bodily Injury or Material Damage which arises out of the transmission of a communicable disease by an Insured Person;
3. Any contract or agreement with an Insured Person;
4. Non-material damage incurred or claimed in consequence of the provision by the Insured Person of a professional service or professional advice (whether or not in return for payment, and whether such service or advice was solicited, or offered other than in the course of the Insured Person's ordinary business, or otherwise);
5. Damages intentionally caused or provoked by the Insured Person, or with his complicity, or by the Insured Person's representatives;
6. Accidents caused to the Insured Person, his ascendants or descendants or any person living with him;
7. Accidents occurring while using motorcars or motor driven machines, sailing or motor boats, aircraft or animals which the Insured Person, or any person in respect of whom he would otherwise be liable under this Section 2.6, owns, drives or keeps guard of;
8. Accidents caused by the Insured Person competing in a competitive sport;
9. Material damages resulting from a fire or explosion but excluding any damage occurring in premises which the Insured Person owns or rents on a long-term basis (being a lease of more than 6 month's duration);
10. Sickness or accidents caused intentionally by the Insured Person;
11. Use of drugs, narcotics, overdoses of alcohol, and medicines which have not been prescribed by a medical practitioner;
12. Active participation of the Insured Person in mass demonstrations, strikes, riots, murder attempts or acts of terrorism;
13. Any claim that happened in the country of residence of the Insured.

10.4. Required actions

As soon as the claim occurs, the Insured shall :

- notify the claim to the Insurer.

10.5 Required proof of loss

In order to be indemnified following proofs of loss documents shall be communicated to Tryg Forsikring:

- copy of correspondence with Third Party;
- copy of declaration to local authorities, if available;
- any other document the Insurer would require to handle the claim.

1 1. PURCHASE PROTECTION

1 1.1 Definitions

Insurance Year: the period equal to or less than twelve consecutive months, starting from the annual renewal date of the Insured Card.

Accidental Damage: any alternation, deterioration, loss and/or destruction of an object or substance.

Superficial Damage: cosmetic damage caused to external parts of the purchased goods that do not harm the proper working or functioning of the said goods such as scratches.

Detoriation: consequences due to usage (wear and tear) and/or age such as decolorisation.

Jewellery: any object usually worn by a person, consisting in all or part of precious metal and/or precious stones or precious pearls. Watches are considered as jewels when they are made of precious metal and/or when their initial purchase price is higher than EUR 2.500.

2nd Degree Family Member/Close Relative:

Spouse, mother, father, mother-in-law, father-in-law, daughter, son (including adopted daughter or son), stepchildren, grandfather, grandmother, grandson, grand-daughter, brother, sister, brother-in-law, sister-in-law or fiancé(e) of the Insured Person.

Theft: Any action committed by a third party with the dishonest intention to deprive the insured of his personal property.

1 1.2 Coverage

1 1.2.1 Benefit

Provided the Insured Person has paid for the purchased good with his Card, the Insurer will reimburse the purchase price of the good stolen or, in case of Accidental damage to the good, the costs of repairing the good damaged including the transportation costs of the repairer or the purchase price of the good if this is not repairable or if the repair costs exceed the purchase price.

Goods eligible: Purchased goods of a minimum value of EUR 100 per item.

Beginning of coverage: For the purpose of this policy the 'Date Coverage Begins' shall mean the date of purchase of the Insured Good or the date of delivery of the Insured Good.

Period of coverage: For the purpose of this policy the

'Period of Coverage' shall mean the 30 day period commencing on the Date Coverage Begins.

Partial Purchase Limitation: When only a part of the purchase price has been paid with the Card the claim will be indemnified in proportion to the total price.

1 1.2.2 Insured Person

The following persons shall be eligible as Insured Persons hereunder:

All Cardholders, if the relevant purchases have been charged to the Card.

1 1.2.3 Insured Amount

EUR 2.200 per claim/EUR 10.000 per insurance year per Insured Person.

Minimum purchase value of EUR 100 per item.

1 1.2.4 Insured Items

All goods purchased totally or partially with the Card of a minimum value of EUR 100 per item except:

Living animals, plants, cash, travellers cheques, transportation tickets, securities or financial documents with an attached value, jewellery or gems, food or drinks.

A pair or a set will be considered as one single item.

Costume jewellery (not containing precious metals and/or precious stones) of maximum EUR 500 per item is not excluded from the coverage.

1 1.3 Exclusions

Following claims are excluded from the coverage:

- Damages caused intentionally by the Insured Person or one of his relatives;
- Any kind of loss of the goods;
- Cosmetic damages or deteriorations;
- Damages caused by wear and tear or gradual deteriorations due to erosion, corrosion, humidity or the action of heat or cold;
- Damages due to defects of fabrication;
- Damages due to the non-fulfilment of the instructions or recommendations of the manufacturer or distributor concerning the use of the goods insured;
- Damages caused by nuclear reaction or radiation;
- Damages caused by war, civil commotion, insurrection, rebellion, revolution or terrorism;
- Damages caused to the goods insured during transportation;
- Damages caused to clothing or material through cleaning or alteration;
- Mysterious disappearance or theft that occurred in unexplainable circumstances;

- Theft or damages caused to motorized vehicles, including but not limited to lights, tyres, radio-CD.

11.4. Required actions

A report must be made to the local police authority where the claim occurred (in case of theft).

11.5. Required proof of loss

- Proof of loss or theft;
- The original report of the local Police authority;
- The original of the purchase bill or receipt;
- The receipt evidencing the payment with the Card, or a copy of the bank statement showing the purchase charge;
- In case of accidental damage, the original repair estimate or the original repair invoice or a statement of the seller indicating the nature of the damage and certifying the impossibility to repair.

12. COLLISION DAMAGE WAIVER – RENTAL CAR EXCESS INSURANCE

12.1 Definitions

Third Party: any person other than the Insured, his Spouse or common-law partner, civil partner, children, step children or parents.

Damage: Sudden event during the duration of the contract, the cause or one of the causes of which, is beyond the control of the Insured and causes material damage to the Rental Vehicle of the Insured.

Covered Rental Trip: means the hire of a Rental Vehicle where the entire cost of the Rental Agreement has been paid for with the Insured Card and the period of hire is shown in the Rental Agreement for 31 consecutive days or less.

Excess: means the part of the claim for which the Insured remains financially responsible in the Rental Agreement, in cases where the Insured declined to accept the Rental Company insurance policies.

Rental Agreement: means the contract of hire between the Rental Company and the Insured.

Rental Company: means a professional company or agency fully licensed with the regulatory authority of the country, state or local authority to rent vehicles where the Rental Vehicle is collected.

Rental Vehicle: means any automobile rented under a Rental Agreement on a daily or weekly basis from a Rental Company within the Geographical Scope of this Insurance and which is collected from the Rental Company within the Geographical Scope of this Insurance.

Geographical Scope: means Worldwide including country of domicile.

Unredeemable Excess: means the irreducible excess established in the Rental Agreement when the Insured has accepted or been obliged to accept the Rental Company's insurance.

Certified Medical Doctor: Doctor of medicine and/ or a member of a medical association, legally authorized to practice medicine in the country where the loss and/ or the treatment thereof occurs.

12.2 Coverage

12.2.1 Benefit

Provides coverage for cardholder's liability in case of Damage or Theft of a rental car (when the rental car

company covers damages to the vehicles over and above the Excess by means of another contract) for a total period not exceeding 31 days, for which the cost has been paid with the card, as described below:

The insurer will indemnify the Insured Person for losses incurred during a Covered Rental Trip, as a result of material Damage or theft of the Rental Vehicle, with or without an identified Third Party, liable or otherwise, for the costs of repairing or reconditioning the Rental Vehicle to its original condition up to:

- The amount of the Excess (higher amount) provided for in the Rental Agreement when the Insured Person has not accepted the Rental Company's insurance (in English CDW for collision insurance, LOW for Loss Damage Waiver for Third Party damages and , TP or TPC for Theft Protection Cover), when the Rental Company covers damage to Rental Vehicles over and above this Excess by means of another contract; OR
- The amount of the Irredeemable Excess (lower amount) provided for in the Rental Agreement when the Insured Person has accepted the Rental Company's insurance (in English CDW for collision insurance, LDW for damage, TP or TPC for theft insurance), when the Rental Company covers damage to Rental Vehicles over and above this Excess by means of another contract.

12.2.2 Insured Person

The following persons shall be eligible as Insured Persons hereunder:

The Cardholder.

12.2.3 Insured Amount

The coverage is limited to a maximum of EUR 30.000 per claim and per insured year (or the equivalent in local currency), or the value of the Rental Vehicle; or the value of claim, whichever the lesser. Losses are limited to the costs which would have been waived had the Insured Person paid for the Loss Damage Waiver cover or similar provision offered by the Rental Company.

Minimum claim value of EUR 75 per claim.

Cover is subject to the Insured Person:

- Meeting the terms and conditions imposed by the Rental Company as well as the local laws and jurisdictions; driving the Rental Vehicle in accordance with the clauses of the Rental Agreement signed with the Rental Company;
- Must be legibly mentioned in the Rental Agreement;
- Having complied with all the terms and conditions of this Policy.

12.2.4 Excess

No excess applicable.

The minimum claim value is EUR 75.

12.3 Exclusions

The Insurer will not pay for liability directly or indirectly resulting from, occasioned by, arising from, or in consequence of:

1. Any fraudulent, dishonest or criminal act committed by the Insured Person or anyone which they are in collusion, or insurance effected in circumstances where a claim might reasonably be anticipated;
2. Operation of the Rental Vehicle in violation of the terms of the Rental Agreement;
3. Driving by persons who are not named on the Rental Agreement;
4. Driving by persons who do not have a valid driving license;
5. The rental of vehicles, luxury or sports cars, with a retail purchase price higher than EUR 50,000 (or local currency equivalent);
6. Vehicles which are over 20 years old or are of a type which have not been manufactured for 10 years or more at the time of the rental;
7. The rental of all makes and models of limousine;
8. The rental of vehicles not licensed for road use including but not limited to motorbikes, off-road vehicles, and recreational vehicles;
9. The rental of vehicles of more than 3.5 tonnes total permissible unladen weight or vehicles of more than 8 cubic meters load volume;
10. The rental of trailers, caravans, trucks, motorcycles, mopeds, scooters, and motor homes;
11. Use of the Rental Vehicle in, or training for, racing competitions, trials, rallies or speed testing;
12. Self-inflicted injury or illness, alcoholism or the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a certified medical doctor, but not for the treatment of drug addiction) or self exposure to needless peril (except in an attempt to save human life);
13. The Insured Person driving any kind of vehicle while the alcohol level in their blood is higher than the legal limit of the country where the incident occurs;

14. a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or;
 - b) The radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
 15. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, terrorism, military or usurped power or confiscation or nationalization or requisition or destruction of or damage to property by or under the order of any government or public or local authority;
 16. Driving by anybody under the age of 21, or anyone who is not an Insured Person;
 17. The amount of indemnity the Insured is entitled to claim from any other insurance whether or not the insurer refuses the claim or fails to settle for any reason whatsoever;
 18. Damage to the Rental Vehicle's contents (including but not limited to burns caused by smokers or animals owned by the Insured Person or in their charge);
 19. Operation of the Rental Vehicle by any person other than authorized drivers specified in the Rental Agreement;
 20. Benefits payable under, any uninsured or underinsured motorist law, first party benefit law or no-fault law, or law similar to the foregoing, in any state or territory;
 21. Fines, penalties, exemplary or punitive damages or any other type or kind of judgment or award which does not compensate the party benefiting from the award or judgment for any actual loss or damage sustained;
 22. Damage to material property transported by the Insured or while in Insured's care, custody or control;
 23. Bodily injury or damage to material property arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of pollutants;
 24. Wear and tear, gradual deterioration, insect or vermin, inherent vice or damage;
 25. Automobiles or other vehicles which are not a Rental Vehicle;
 26. Vehicles hired for a period of more than 31 consecutive days, irrespective of the date on which the incident giving rise to the claim took place;
 27. Simultaneous hire of more than one vehicle;
 28. Regular rental of utility vehicles for use in deliveries;
 29. Expenses not attached to repair or replacement of the vehicle (with the exception of any towing costs invoiced);
- 12.4. Required actions**
- A report must be made to the local Police authority where the claim occurred, within 12 hours;
 - The Insured shall notify the claim to Tryg Forsikring within 5 business days of the accident;
 - Claims or incidents that may give rise to a claim should be notified to the Claims Office within 31 days of the end of a Covered Rental Trip;
 - Claims will not be paid in respect of expenses to the extent that they are assumed, waived or paid by the Rental Company or its insurers;
 - Expenses reimbursed by the Insured Person's employers' insurer will not be paid;
 - No sum payable under this Policy shall carry interest unless payment has been unreasonably delayed following the insurer's receipt of all the required information, documents or other evidence necessary to support the claim;
 - Losses will not be paid in respect of any property or expenses more specifically insured or any claim which but for the existence of this Insurance should be recoverable under any other Insurance.
- 12.5 Required proof of loss**
- In order to be indemnified following proofs of documents shall be communicated to: Tryg Forsikring:
- copy of the original accident report or Police report, stating among others the location, date and precise time of the Accident.

1.3. MOBILE PHONE - INSURANCE SCHEME

1.3.1 Definitions

Insured Person: The Cardholder.

Mobile Phone: means legally used mobile phone (with the battery charger, battery and other possible accessories supplied with the phone), used with a SIM card and which IMEI-code (International Mobile Equipment Identity) that has been declared or confirmed by the provider. You can find the IMEI-code for your handset by pressing the following combination on your telephone : *#06#.

Damage: sudden and unforeseen damage of mobile phone, caused by external causes, taking place during the period of insurance and resulting in full or partial interruption of its normal operation and requiring its repair or replacement.

Theft and Robbery: sudden and unforeseen theft, robbery or malicious damage caused by third parties, taking place during the period of insurance and which has been reported to the Police authorities.

Loss: loss of mobile phone is understood to be disappearance of the mobile phone due to a sudden and accidental incident and in circumstances which are clearly identified and explained, taking place during the period of insurance and which has been reported to the Police authorities.

1.3.2 Coverage

1.3.2.1 Benefit

Provided the cardholder has paid the total purchase price of the mobile phone with the insured Card after inception date of the insurance, the insurer will indemnify the cardholder based on the guarantees and indemnities of the insurance policy in case of:

- fraudulent use of the SIM card following theft, robbery or loss of mobile phone.
- theft, robbery and loss of mobile phone.
- reimbursement of the mobile phone subscription in case of hospitalisation of the cardholder.

The insured must safeguard and use the mobile phone with all precautions and within the limits of normal mobile phone purposes. In case of theft, robbery or loss the insured has to block his SIM Card with his local provider.

1.3.2.2 Insured Amount

The Insurer's liability is subject to the following maximum limits:

Fraudulent use of the SIM card following theft, robbery or loss of mobile phone

Insured limit per card per year = EUR 250.

Time limit = the insurance will be valid during 48 hours after the theft, robbery or loss of mobile phone.

Theft, robbery or loss of mobile phone

Insured limit per card per year = EUR 700, for replacement of the mobile phone by a model or similar specifications and quality, the reimbursement will be based on the initial purchase price less 25 % per year for depreciation. No depreciation will be calculated if the claim happened during the first six months after the purchase.

Damaged Mobile Phone

Insured limit per card per year = EUR 700, for reimbursement of cost of repair of the mobile phone, if mobile phone cannot be repaired or if the repair cost is higher than the initial purchase price replacement by a model or similar specifications and quality, the reimbursement will be based on the initial purchase price less 25 % per year for depreciation. No depreciation will be calculated if the claim happened during the first six months after the purchase.

1.3.2.4 Insured Item

Mobile phone

1.3.3 Exclusions

This policy excludes any claim arising from:

- 1) Any external minor cosmetic damages (such as scratching or chipping of case, antenna or display);
- 2) Damage to or theft, robbery or loss of accessories originally not supplied with the mobile phone (chargers, hands-free systems, leather cases, belt holsters etc...);
- 3) Any damage to or destruction of the equipment occasioned by pressure waves caused by aircraft;
- 4) Damage caused to the mobile phone which is covered under the warranty provided by the manufacturer/vendor of the phone;
- 5) Any claim caused by negligence, abuse or misuse in respect of the mobile phone;

- 6) Damages caused by wear and tear (including the normal ageing of a battery);
- 7) Damage caused by drying or exposure of the mobile phone to humidity, excessive temperature, corrosion or rust, accumulation of whatever type of dust, unless such damage was accidental and unforeseeable;
- 8) Official confiscation;
- 9) Claims arising from mobile phones being left unattended in a public place;
- 10) Claims arising from mobile phones left in an unattended vehicle unless the vehicle was locked and the phone was contained in a concealed compartment or a locked boot and not visible to passers-by;
- 11) Consequential loss or damage, regardless of the nature or scope of such loss (including losses directly or indirectly happening as a result of military power, war, invasion, rebellion, civil war or other similar cause);
- 12) Any loss directly or indirectly caused by nuclear energy, radiation, nuclear fuel, nuclear waste or any other radioactive cause;
- 13) Damage resulting from insured's negligence or deliberate acts resulting in damage, for example but not limited to:
 - 1 Negligence or failure to comply with manufacturer's, importer's or seller's maintenance or safety recommendations and user manuals;
 - 2 Use of accessories and equipment not approved by the manufacturer;
 - 3 Use of no-approved electricity power.
- 14) Any claim, if such claim is fraudulent and if any fraudulent means were used to deliberately cause the damage with an intention to benefit from such damage or claim.

13.4 Required actions

In case of theft, robbery or loss of the mobile phone and/or SIM card the insured must immediately after discovering this :

- notify the Police within 24 hours at the latest;
- notify the local provider with a request to block the SIM card.

13.5 Required proof of loss

In order to be indemnified by following theft, robbery or loss proofs of loss documents shall be communicated to Tryg Forsikring:

- copy of the Police report in case of theft/robbery of the mobile phone;
- completed claim form;
- in case of hospitalisation, the insured must produce copy of the monthly subscription and the hospital certificate;
- any other document required by the claims examiner.

DANSKE BANK INTERNATIONAL
13, RUE EDWARD STEICHEN
P.O. BOX 173
L-2011 LUXEMBOURG
TEL +352 46 12 751

WWW.DANSKEBANK.LU