



AMERICAN
EXPRESS

TRAVEL POLICY TERMS AND CONDITIONS

GREEN CARD

03 Capital

Street Address
City, ST ZIP Code

Phone
Email



GENERAL POLICY CONDITIONS

ARTICLE 1. DEFINITIONS

For the application of these General Conditions, the following words or expressions have the meanings specified against them:

Abroad: any country outside of Nigeria, on a worldwide basis or within the geographical scope insured by the Policy.

Accident: any sudden, unforeseeable, and violent event taking place Abroad, external to the victim and beyond his/her control, the nature of which may endanger the Beneficiary's life or may briefly cause a significant deterioration in his/her condition if the appropriate care is not given quickly to him/her.

Assistance Company: the service provider appointed by the Insurer in order to provide the coverages of the Policy - Axa Assistance Morocco (128, boulevard Lahcen ou Idder - Casablanca - 20490).
Beneficiary: individuals less than 80 years old when assistance is asked for, living in the Country of Residence, who is the card holder of the Insured Card issued by American Express and who has subscribed this Policy.

Claim: any event requiring the assistance of the Assistance Company.

Close Relative / Family member: The spouse of the Beneficiary, their children who are less than 18 years old when assistance is asked for and their immediate ascendants at first degree, living in the Country of Residence.

Country of Residence: Nigeria (The country where the policy is taken out, in which the Beneficiary's address is situated).

Deductible/Excess: part of damage which remains born by the Beneficiary.

Dollar: Currency that is legal tender in the United States of America.

Euro: Currency that is legal tender in the European Union.

Home: the place where the Beneficiary lives permanently.

Hospitalisation: any unexpected stay of at least twenty-four (24) consecutive hours in a public or private establishment when the purpose of that stay is medical or surgical treatment following an Accident or Illness. The stay is considered unforeseen when it has not been scheduled more than five (5) days prior to the hospitalisation.

Illness: Any sudden, serious, and unforeseeable change in health conditions, as observed by a competent Medical Authority and the nature of which may endanger the patient's life or may briefly cause a significant deterioration in his/her condition if the appropriate care is not given quickly to him/her.

Insurer: AXA Mansard, Lagos, Nigeria.

Medical Authority: Any person with a valid diploma in medicine or surgery in the country where the Beneficiary is located, attending the Beneficiary.

Medical Team: A group of persons tailored to each specific case as defined by the Assistance Company's supervising physician and relying on the support of the Assistance Company's infrastructure and international network.

Medical Transportation/Transfer: transportation/transfer of the Beneficiary in accordance with his/her medical condition, decided by the Medical Team.

Period of insurance: the period that commences and ends on the dates stated on the certificate of the policy contracted.

Policy: Travel cover insurance policy, currently valid, issued by the Insurer.

Sinister: any event requiring the assistance of the Assistance Company.

ARTICLE 2. CONDITIONS FOR APPLICATION OF THE COVERAGES

2.1. VALIDITY OF THE COVERAGES

Travel assistance coverages are valid outside of Nigeria for the period of validity of the Policy; they only apply from the first (1st) day of travel Abroad to the ninety-second (92nd) consecutive travel day, even if the Policy was subscribed for a longer period.

The coverage of the Policy shall not be extended after the start of the covered trip.

2.2. TERRITORY

Covers are granted outside Nigeria for Beneficiaries holding a Policy depending on the option and the card hold by the Beneficiaries:

- Gold: Worldwide

Table of benefits and limits

| BENEFITS | GREEN |
|--|---|
| Medical Assistance | |
| Emergency medical & hospitalisation expenses abroad | \$40 000 for accident & illness deductible \$50 for illness only |
| Medical Transportation | Actual costs |
| Emergency dental expenses abroad | \$150 - deductible \$50 |
| Extension of beneficiary's stay | Accommodation up to \$80 /night up to 10 nights. |
| Sending medicines abroad | Costs of medicines refunded by Beneficiary |
| Body repatriation in case of death | Repatriation of body: actual costs |
| | Actual post-mortem expenses |
| | Coffin expenses up to |
| | \$1 000 |
| Transportation Insurance & Assistance | |
| Information service if delay in delivering luggage | Information service |
| Compensation if delay in delivering of luggage | delay =/> 6h; \$50 per hour, up to \$100 |
| Additional compensation in the event of loss of luggage | 20 /kg up to \$100 |
| Compensation in the event of flight delay | delay =/> 6 h; \$50 per hour, up to \$100 |
| Other guarantees | |
| Administrative information service in the event of loss or theft of personal documents | Service only |
| Theft or loss of passport | Actual direct reproduction costs |
| Sending urgent messages | Actual costs |
| Travel accident | \$50 000 |
| Personal liability | \$50 000 |
| Additional Covers | |
| Emergency card replacement (To Be Provided in Conjunction with EPP) | \$300 |
| Online fraud protection | \$1 500 |
| MOBILE PHONE THEFT | replacement cost limit up to 200 |
| | Aggregate limit - 250 |
| | deductible \$10 |
| PURCHASE PROTECTION | replacement cost limit up to 200 |
| | Aggregate limit - 250 |
| | deductible \$10 |

ASSISTANCE SERVICES

Only the Assistance Company has the authority to arrange the service provisions associated with the coverages below.

If the Beneficiary or his/her family circle arranges for all or part of the service provisions insured by the Policy and/or any commitment to expenses without the Assistance Company's prior agreement, substantiated by a case number, he/she and/or they are not entitled to reimbursement.

The procedures and formalities associated with visa applications, for transfers to a third country, are solely the responsibility of the Beneficiary or of any person acting instead on his/her behalf.

The procedures and formalities associated with continuing, in the Country of Residence, with a treatment started Abroad are solely the responsibility of the Beneficiary or of any person acting instead on his/her behalf.

MEDICAL ASSISTANCE

ARTICLE 1. EMERGENCY MEDICAL & HOSPITALISATION EXPENSES ABROAD

In the event of Illness or Injury of the Insured occurring outside the Usual Country of Residence, the Assistance Company will pay the usual, customary, necessary, and reasonable costs of hospitalisation, surgery, medical fees, and pharmaceutical products, prescribed by the attending doctor.

The Assistance Company's medical team will maintain the telephone contacts necessary with the centre and with the doctors who attend to the Insured to supervise the provision of proper health care.

The implementation of this cover is subject to the prior approval of the Assistance Company, unless in case of force majeure or if the Beneficiary is unconscious or unable to contact the Assistance Company on medical grounds or he/she is medically incapacitated.

As an exception to the General Exclusions related to epidemics and/or pandemics declared by the World Health Organization the Beneficiary is covered under the same terms if he/she falls ill with an infectious disease during the trip, except in the cases referred to in Specific exclusions hereafter.

Specific exclusions

In addition to the General Exclusions, are not covered urgent medicines costs when the Beneficiary:

- has travelled to/from a country, specific area, or event where a regulatory authority has advised against all travel.
- failed to obtain any recommended vaccines, inoculations, or medications prior to his/her trip.

This cover is subject to a limit provided by the Benefits Schedule.

ARTICLE 2. MEDICAL TRANSPORTATION

Medical Assistance

In case of Accident or Illness, the Medical Team, as soon as it is informed:

- take attach with the usual physician and the physician who dealt with first cares and/or the Medical Authority who is taking care of the person for the operation.
- decide the best decisions to be taken with regards to the medical state of the Beneficiary.

Decisions of the Medical Team may lead to the implementation of various covers below. The unjustified refusal of those decisions by the Beneficiary may lead to the withdrawal of the cover.

Sending Abroad of a physician near the Beneficiary

Depending on the circumstances, the Medical Team may decide to send a physician near the Beneficiary in order to decide whether an eventual repatriation is necessary and to deal with it.

The Assistance Company shall bear the costs of transportation and examination of the concerned assigned physician.

Medical transportation

The Assistance Company shall deal with and bear the cost concerning the medical transportation of the Beneficiary depending on his/her medical state:

- in a hospital with better services to deal with the medical state of the insured.
- in a hospital nearest to his/her Home.
- up to his/her Home.

In the event of transportation to a hospital, the Assistance Company shall deal with the reservation of a bed in the chosen hospital.

As an exception to the General Exclusions related to epidemics and/or pandemics declared by the World Health Organization, the Beneficiary is covered under the same terms if he/she falls ill with an infectious disease during the trip.

NOTE: The Assistance Company cannot act as a substitute for local, national or international emergency help or search organizations and does not pay for the expenses incurred because of their intervention. Thus, the Assistance Company shall not pay for the transportation from the place where the Accident or Illness occurred to a medical facility.

Common provisions

- Transportation is carried out by ambulance, train or regular service airline. If transportation is medically impossible by airline, or by any other means decided on by the Medical Team, an air ambulance is provided.

Under no circumstances shall transatlantic or transpacific flights be arranged by air ambulance.

- If the ticket held by the Beneficiary cannot be used for the Medical Transfer managed by the Assistance Company, the Beneficiary shall relieve this non-used ticket to the Assistance Company or reverse any refund obtained from the carrier.
- The Assistance Company shall find a bed in an appropriate medical facility according to its Medical Team recommendation or agreement.
- In all cases, the final decision regarding transportation, place of hospitalisation, date, need for the Beneficiary to be accompanied and methods used shall be taken exclusively by the Medical Team. Should the Beneficiary refuse the decision of the Medical Team, he/she will be no more entitled to claim for any coverages nor any refund under this Policy.

- In all cases, the Assistance Company reserves the right to engage a competent Medical Authority who shall require unencumbered access to the Beneficiary's medical file and to examine the Beneficiary himself/herself in order to assess the appropriateness of Medical Transportation.
- In all cases the Beneficiary's luggage - excluding essential personal effects - shall remain the responsibility of the Beneficiary or of a Close Relative.

ARTICLE 3. EMERGENCY DENTAL EXPENSES ABROAD

In case of emergency, the Assistance Company will provide the Insured party with the dental assistance required abroad. However, this coverage is restricted to the treatment of pain, infection and removal of the tooth/teeth affected. Fillings and false teeth are excluded from this cover. The implementation of this cover is subject to Assistance Company's priori agreement.

This cover is subject to a limit provided by the Benefits Schedule.

ARTICLE 4. SENDING MEDICINES ABROAD

If it is impossible to find, *in situ*, the medicines or their equivalent prescribed, before departure, by the treating doctor in Nigeria which are essential for the continuation of the treatment, the Assistance Company searches for them.

If they are available, the Assistance Company deals with their shipping as quickly as possible, subject to local legal constraints and the transportation resources available.

This cover is valid for one-off requests. Under no circumstances may it be granted in respect of long-lasting treatments which would need regular shipments or in respect of a vaccination request.

The Assistance Company shall bear the cost of shipping.

Cost of the drugs and eventual customs expenses shall be borne by the Beneficiary, who undertakes to reimburse the Assistance Company within a period of 30 (thirty) days of the date on which the invoice was sent.

ARTICLE 5. BODY REPATRIATION IN CASE OF DEATH

In the event of the Beneficiary's death Abroad, the Assistance Company arranges and pays for the transportation of the body or ashes from the site where the deceased is laid to the nearest international airport to the burial site in Nigeria.

The Assistance Company pays for the transportation expenses and the related expenses up to the maximum amount as specified in the Benefits Schedule.

As an exception to the General Exclusions related to epidemics and/or pandemics declared by the World Health Organization, the Beneficiary is covered under the same terms if he/she falls ill with an infectious disease during the trip.

In addition to the General Exclusions, are not covered the funeral, ceremony, funeral procession, burial or incineration expenses within the Country of Residence.

The Assistance Company alone is responsible for choosing the companies to be involved in the repatriation process.

ARTICLE 6. EXTENSION OF BENEFICIARY'S STAY

Following an Accident or Illness requiring the intervention of the Medical Team, if the Beneficiary cannot return on the initially scheduled date and if he/she does not need Hospitalisation or medical repatriation in accordance with Articles 1 and 2, the Assistance Company pays for their extended stay expenses at the hotel and also one (1) of the Close Relative accompanying him/her during their trip provided that he/she stays with him/her in the same room (spouse and children) or hotel.

The Assistance Company pays for the accommodation expenses up to the maximum amount as specified in the Benefits Schedule.

This can only be paid for on the advice of the Assistance Company's Medical Team.

Any other temporary accommodation solution cannot result in any compensation.

ARTICLE 7. INFORMATION SERVICE IF DELAY IN DELIVERING LUGGAGE

If there is a delay in delivering their checked-in luggage and after declaration by the Beneficiary to the relevant I.A.T.A. affiliated airline company, the Assistance Company can liaise between the carrier and the Beneficiary in order to keep him/her advised of the result of the searches and, if the luggage have been found, of the terms and conditions for redirecting the luggage.

ARTICLE 8. COMPENSATION IF DELAY IN DELIVERING OF LUGGAGE

The Assistance Company insures the delay in delivery of luggage checked-in by an I.A.T.A. affiliated Airline Company subject to the Beneficiary's ticket being valid for a scheduled international flight of that company.

The amount of the indemnification as shown in the Benefits Schedule is, on an all-inclusive basis, for all luggage properly checked-in where delivery is more than six (6) hours after the arrival of the Beneficiary's flight.

If the delivery of the luggage is more than six 6 hours, the Assistance Company shall reimburse the essential items (toilet articles and/or essential clothes) paid by the Beneficiary up to the amount as specified in the Benefits Schedule.

Obligations of the beneficiary in the event of a claim:

The Beneficiary must notify the Assistance Company by telephone on the same day as the event. Any claim must be accompanied by the certification from the airline company describing the event.

ARTICLE 9. ADDITIONAL COMPENSATION IN THE EVENT OF LOSS OF LUGGAGE

The Assistance Company warrants the loss of luggage and personal effects duly registered with an I.A.T.A. affiliated airline company, within the limit of 20kg per Beneficiary and per event and within the limits mentioned in the Benefits Schedule.

13.1 Specific exclusions

- Means of payment (cash, checks, credit cards),
- Travel tickets, manuscripts, documents, books, business papers, passport, identity card,
- Perfumes, perishable commodities, eating.

This guarantee shall come into force in addition to sums received from the concerned airline company that the Beneficiary shall disclose to the Assistance Company. The Beneficiary shall not receive sums for an amount above the real suffered damages.

ARTICLE 10. COMPENSATION IN THE EVENT OF FLIGHT DELAY

10.1 Purpose of the guarantee

The Assistance Company warrants to indemnify the Beneficiary for unforeseen expenses he/she had to incur due to a flight delay of more than six (6) hours from the departure or arrival time given to its title transport.

"Expenses" mean costs incurred by the Beneficiary *in situ* for their meals and refreshments, hotel accommodation and local transfers to and from the airport to the hotel.

This guarantee shall come into force in addition to sums received from the concerned airline company or from any other body that the Beneficiary shall disclose to the Assistance Company. The Beneficiary shall not receive sums before justifying having claimed for indemnities to any possible liable entity and for an amount corresponding to the real suffered damages.

Any indemnity shall be granted only in the following circumstances:

- late departure of a scheduled flight carried out by an airline company, which flights are published.
- late arrival of regular airline flight, which flights are published, preventing the Beneficiary traveling on this flight to take the regular connecting flight.

10.2 Amount of the indemnity

The Assistance Company shall reimburse hotel expenses (bed and breakfast only) up the maximum amount as specified in the Benefits Schedule.

10.3 Specific exclusions

Delays or late arrivals because of events excluded as part of General Exclusions further detailed in Article 29 below shall not give rise to any indemnity.

In addition to those General Exclusions, no indemnity shall be granted in the following circumstances:

- Any delay on non-regular airline company (e.g., charter company)
- Any delay or late arrival below six (6) hours with regards to the initial published arrival time.
- Any delay or late arrival due to a temporary or permanent withdrawal of an aircraft, which has been ordered:
 - by the airport authorities, or
 - by the civil aviation authorities, or
 - by a similar body,

and/or has been announced prior to the departure day of the trip of the Beneficiary.

- If a similar means of transport has been made available to the Beneficiary within four (4) hours of the original departure time (or arrival in the case of a connecting flight) of the scheduled flight on which the reservation was recorded.

10.4 Conditions of implementation

Within five (5) business days further to this event, the Beneficiary or their assignees shall contact and inform the Assistance Company service of claims:

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|--|
| <p>By phone: + 33 170 890 521</p> <p>By mail: medical-service@axa-assistance.ma</p> |
|--|

Statement of delay shall disclose the following information:

- Surname and last name of the Beneficiary
- Number of the Policy
- Number of the general terms of the Policy: **7001590**
- Name of the travel agency
- Date of departure and arrival of the trip
- Cause of the delay

Should those five (5) business days period be not respected and should the Assistance Company incur any damages because of late filing, the Beneficiary shall lose their right to indemnity.

The Beneficiary or their assignees shall then communicate to the Assistance Company, directly or through his/her travel agency, the following documents:

- statement of the airline company mentioning the cause of the delay, the number of the flight, initial scheduled arrival time and actual arrival time
- copy of the travel ticket
- copy of the boarding pass
- notice of compensation granted by the concerned airline.
- the original invoices of expenses incurred because of the delay.

The Assistance Company reserves the right, if need be, to request additional documents to the Beneficiary.

The benefit of this guarantee cannot be combined with the guarantee described in Article 15." Compensation if delay in delivering of luggage".

ARTICLE 11. PERSONAL LIABILITY

11.1 Personal Civil Liability cover

The Insurer guarantees the Beneficiary to pay the compensation for which the Beneficiary may be civilly liable by law, for bodily or material damages caused involuntarily to third parties and products during the lifetime of the insurance contract, according to the definitions, terms and conditions set out in the policy and for incidents arising from the risk specified therein.

Save express agreement to the contrary, the Insurer will assume the legal supervision as regards the claim by the damaged party and will meet the cost of the defense expenses that arise. The Beneficiary shall provide the collaboration necessary to assist the legal supervision assumed by the Insurer.

If in the court procedures brought against the Beneficiary there should be a conviction, the Insurer will decide whether it is appropriate to appeal to the competent higher Court; if it does not deem the appeal appropriate, it will inform the Beneficiary thereof, and the latter will be free to lodge it on its own exclusive account. In this latter event, if the appeal lodged were to give rise to a sentence favorable to the interests of the Insurer, it will be obliged to meet the cost of the expenses arising from such appeal.

When any conflict arose between the Beneficiary and the Insurer, prompted by the latter having to maintain in the loss interest's contrary to the defense of the Beneficiary, the Insurer will inform the Beneficiary thereof, without prejudice to taking the measures which, because of their urgent nature, are necessary for the defense. In this case, the Beneficiary may choose between maintaining the legal supervision provided by the Insurer or entrusting its own defense to another person. In this last event, the Insurer will be obliged to pay the expenses of such legal supervision.

When in the civil part an amicable agreement was reached, the defense in the criminal part is discretionary on the part of the Insurer and is subject to the prior consent of the defendant.

This cover is subject to a limit provided by the Benefits Schedule.

ARTICLE 12. TRAVEL ACCIDENT

Accidental death

This benefit provides coverage to the beneficiary when entering, exiting, or riding as a passenger on a common carrier, such as airline, bus, train, or cruise ship.

In order to obtain payment of the Insured sum, the Beneficiaries should furnish the following documents:

- Beneficiary's birth certificate and literal death certificate.
- Those that prove the Beneficiaries' identity. Should they be the legal heirs, it shall also prove necessary to present the declaration of heirs decreed by the competent Court.
- Where the beneficiaries are duly designated in a will, a certification from the General Registry of Last Wills and Testaments or local equivalent Authority, together with a first copy thereof, will be required.
- Letter of payment or declaration of exemption from Inheritance Tax, duly issued by the corresponding Tax Delegation or local equivalent Authority.

Permanent Total Disability

Where an accident should lead to the permanent total disablement of the Beneficiary, the Beneficiary shall be indemnified by the Assistance Company up to the maximum amount as specified in the Benefits Schedule.

| Loss of: | Benefits Amounts |
|--|---|
| Both Hands | 100% of the Permanent Total Disablement Benefit |
| Both Feet | |
| Entire sight in both eyes | |
| One hand and one foot | |
| One hand or foot and the entire sight of one eye | |
| One hand | 50% of the Permanent Total Disablement Benefit |
| One foot | |

| | |
|-----------------------------|--|
| The entire sight of one eye | |
|-----------------------------|--|

Modalities for implementation of the cover

The Beneficiary of one of their assignees, shall declare the claim within thirty (30) days of the date of the death or the Accident. The declaration shall include the following elements:

- The names and surnames of the responsible third party and any witnesses,
- The number of the Policy,
- Any document necessary to understand the facts, the nature, the circumstance, the place, and the date of the event,
- A copy of the Beneficiary's birth certificate,
- A copy of the identity document certifying the status of the assignee,
- The final notification of the attribution of an invalidity pension,
- The Hospitalisation report and the medical certificate including the date of the first medical act, the description of the injuries and cares, as well as the consequences that may follow.

The Beneficiary shall send any document that would be of interest to the claim. In addition to these documents, the Assistance Company reserves the right to request any additional documents deemed necessary. Any declaration that does not comply with the provisions of this cover will void this warranty.

Specific exclusions

In addition to the General Exclusions, are not covered the consequences originated or produced by the following:

- Bad faith on the part of the Beneficiary or those intentionally caused by the same, except where the damage was sustained in order to avoid something worse.
- Wars, with or without prior declaration, and any conflicts or international interventions using force or duress. Events arising from terrorism, mutiny or crowd disturbances. As well as damage caused during strikes.
- Events of actions of the Armed Forces or Security Forces in peacetime.
- Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic, or geological phenomenon.
- Fall of sidereal bodies and meteorites,
- Those derived from radioactive nuclear energy,
- Those caused when the Beneficiary takes part in bets, challenges, or brawls, except in the case of legitimate defense or necessity,
- Accidents caused by the Beneficiary's participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions.
- Accidents suffered as a result of being inebriated or under the effect of drugs, toxics or narcotics. Inebriation shall be taken to mean when the blood alcohol level is greater than 0, 50 grams per 1.000 cubic centimeters, or the Beneficiary is fined or convicted for this cause.
- Intoxication or poisoning from the consumption of foodstuff.
- Injuries that are a consequence of surgical operations or medical treatments not brought about by an accident covered by the policy.
- Illnesses of any kind, fainting fits, syncope, strokes, epilepsy or epileptiform and caused by any kind of loss of consciousness as a result of an accident as the latter is defined in the definitions of these General Conditions.

The consequences of accident that occurred prior to the coming into force of this insurance are also excluded, even though they become apparent during its lifetime, as well as the consequences or after-

effects of an accident covered which become apparent after the three hundred and sixty-five days subsequent to the date on which it occurred.

The consequences of the following are excluded from the guarantees object of this contract:

- Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.
- Participation in competitions or tournaments organized by sporting federations or similar organizations.

ARTICLE 13. THEFT OR LOSS OF PASSPORT

In case of passport or identity card theft or loss, the Assistance Company shall reimburse the Beneficiary the direct actual cost of repairs, i.e., the cost of tax stamps or taxes that the Beneficiary must pay, to the exclusion of all other costs, within the limits mentioned in the Benefits Schedule.

This warranty will apply only if the passport or the identity card had a validity period with more than twelve (12) months at the time of theft or loss.

Cost of repairs and tax stamps shall be reimbursed with the following documentary proofs: - statement of theft or loss issued by relevant local authorities, and - original invoice of the tax stamp.

ARTICLE 14. MOBILE PHONE THEFT

If your mobile phone is the subject of a valid theft, the Assistance company replace it with a phone having the same functionality, up to the amount shown in the Benefit Table. Where only a part or parts of your mobile phone have been subject to theft, we will only pay for the replacement of that part or parts.

The Assistance company will not pay more than the amount shown in the Benefit Table for any one event, or more than the maximum amount shown in the Benefit Table in any one 365-day period.

Specific conditions

- The Assistance Company pay an amount equal to the original purchase price less 5% for depreciation per each 6-month period from the purchase date.
- The benefit will be paid subject to the replacement of the stolen item.
- You must report the theft to the local police within 24 hours and obtain a Police report.
- Contact us immediately and in any event within 24 hours of discovery.
- All receipts must be retained and provided to substantiate your claim.
- You must provide an original receipt or proof of ownership to help you to substantiate your claim.

Specific exclusions

- Any cost for the replacement or reinstatement of any data or information stored on the mobile phone.
- Theft from any commercial vehicle, convertible or soft topped vehicle.
- Loss of items not connected to theft.
- Mysterious disappearance of items.
- Any cost incurred as a result of not being able to use the mobile phone.
- Any costs other than the replacement cost of the mobile phone.

- Any costs to update your mobile phone including, but not limited to software.
- Any cost involving a SIM (Subscriber Identity Module) card, memory card or card whilst detached from your mobile phone.
- Accessories.
- Theft of a mobile phone contained in an unattended vehicle:
 - overnight between 9pm and 8am (local time); or
 - at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view.
- with evidence of forcible and violent entry to the vehicle confirmed by a police report.
- Loss or damage due to delay, confiscation or detention by customs or other authority.
- Claims which are not supported by the original receipt, proof of ownership or replacement invoice (obtained prior to the loss) of the items lost, stolen or damaged.
- Claims arising from theft from your accommodation unless there is evidence of forced entry which is confirmed by a police report.
- Policy deductible as shown in the benefit table.
- Claims that happen outside the geographical limit of Nigeria

ARTICLE 14. PURCHASE PROTECTION

In the event of theft and/ or accidental damage to an eligible item within 90 days of purchase, the assistance company will, at our option, replace or repair the eligible item or credit the Cardholder account an amount not exceeding the purchase price of the eligible item, or the single item limit shown in the Benefit Table whichever is lower.

The Assistance company pay more than the amount shown in the Benefit Table for any one event, or more than the maximum amount shown in the Benefit Table in any one 365-day period.

Specific conditions

- Purchase Protection provides cover only for claims or portions of claims that are not covered by other applicable guarantees, warranties, insurance, or indemnity policies, subject to the stated limits of liability.
- Claims for an eligible item belonging to a pair or set, will be paid up to the full purchase price of the pair or set, provided the items are not useable individually and cannot be replaced individually.
- You must exercise due diligence and do all things reasonably practicable to avoid any direct physical theft or damage to an eligible item.
- You must send us at your expense if we request, any damaged eligible item or part of a pair or set and assign the legal rights to recover from the party responsible up to the amount we have paid.
- You must document that the claim has not been sent to any other insurance companies.
- You must provide us with the original sales receipt from store, original of card receipt, original of account showing the transaction and the police report if stolen.

Specific exclusions

- Events not connected to theft or damage caused by accident.
- Mysterious disappearance of eligible items.
- Events caused by fraud, mistreatment, carelessness or not following the manufacturers manual.
- Eligible items which were used before purchase, second-hand, altered, or bought fraudulently.
- Damage to eligible items caused by product defects or error during production.

- Theft not reported to the police within 24 hours of discovery and a written report obtained.
- Eligible items left unattended in a place accessible to the public.
- Theft of or damage to eligible items in a motor vehicle as a result of the theft of the motor vehicle.
- Theft from any property, land, or premises unless entry or exit to the property or premises was gained by the use of force, resulting in visible physical damage to the property or premises.
- Jewellery, watches, precious metals, gemstones, and any item made from precious metals and gemstones.
- Motor vehicles, motorcycles, bicycles, boats, caravans, trailers, hovercraft, aircraft, and their accessories.
- Service, cash, travel checks, tickets, documents, currency, silver, gold, art, antiques, rare coins, stamps, and collector's items.
- Animals, living plants, consumables, perishable goods, or permanent installations.
- Electronic items and equipment, including but not limited to, personal stereos, mobile telephones/devices, MP3/4 players, computers, or computer-related equipment whilst at your place of employment, items used for business purposes.
- Damage due to normal wear and tear, normal use or normal activity during sports and games (example golf or tennis balls).
- Theft or damage when the eligible item is under the supervision, control, or safe keeping of, a third party other than required according to safety regulations.
- Eligible items not received by the Cardholder or other party designated by the Cardholder.
- Mail order or courier delivered item(s) until the item(s) are received, checked for damage, and signed for at the delivery address.
- Expenses due to repairs not performed by workshops approved by us.
- Damage due to water, damp or earthquake.
- Loss caused by declared or undeclared war, confiscation by order of any government or public authority, or arising from illegal acts.
- Theft or accidental damage to any eligible item where there is any other insurance covering the same theft or accidental damage, where the terms and conditions of such other insurance have been broken or for the reimbursement of any evident excess.
- Policy deductible as shown in the benefit table.
- Claims that happen outside the geographical limit of Nigeria.

ARTICLE 15. ADMINISTRATIVE INFORMATION SERVICE IN THE EVENT OF LOSS OR THEFT OF PERSONAL DOCUMENTS

The Assistance Company provides the Beneficiary with information over the telephone 24 hours a day, 7 days a week, on the following points:

- loss or theft declarations (places where to make the declarations),
- help on renewal (documents to be provided, addresses, time limits for obtaining them, etc.).

The information supplied is of a documentary nature and the Assistance Company's cannot, under any circumstances, be held liable for the use and/or interpretation of the information given.

ARTICLE 16. SENDING URGENT MESSAGES

If the Beneficiary is unable to send an urgent message and if he/she specifically asks for it, the Assistance Company sends the messages or news coming from the Beneficiary to a Close Relative free of charge, by the quickest means.

The Assistance Company shall send urgent messages only if they are related to Illness, Accident, or death of the Beneficiary.

The Assistance Company can also act as an intermediary in the opposite direction.

The messages are the responsibility of their authors who must be able to be identified and are only binding on them, with the Assistance Company only acting as an intermediary for them to be sent.

ARTICLE 17. ONLINE FRAUDE PROTECTION

Purpose of the guarantee

In the event of an unauthorised and fraudulent use of the lost or stolen Beneficiary's credit card (for personal use only) for which the Beneficiary is legally responsible and for which the bank or credit card company does refuse to reimburse the Beneficiary, the Assistance Company shall reimburse up to the amount shown in the Benefits Schedule for losses which occur before the Beneficiary reports the incident to its bank or credit card company.

Claims procedure

In the event of fraudulent use, the Beneficiary should:

- Report the incident to the police within twenty-four (24) hours of discovery and obtain a written report from the police confirming the loss and an incident number.
- Contact the Assistance Company immediately and in any event within twenty-four (24) hours of discovery.
- Send the statement to the Fraud Department of the issuing card company concerned, requesting that the suspected fraudulent charges be removed.
- Should the card company be unable to remove the suspected fraudulent charges, the Beneficiary should obtain a letter from them which confirms the date, times and amount of the suspected fraudulent charges and an explanation of why they cannot be removed.
- Send the letter from the card company, the police report, the completed claim form, along with any other evidence which can be supplied, by registered post to us within sixty (60) days of the incident.
- If the Beneficiary makes a claim under the insurance cover, in dealing with the claim the Assistance Company will be acting on the behalf of the Insurer. In all other cases, the Assistance Company will act on the Beneficiary's behalf.
- The Beneficiary must give to the Assistance Company all the information he/she is able to.

Specific exclusions

In addition to the General Exclusions, are not covered:

- Losses incurred if the incident is not reported to the bank or credit card company and the police within twenty-four (24) hours of its discovery and a written report which includes an incident number obtained.
- Claims when the Beneficiary does use the covered card in a way which is not authorised by the card issuer.
- Any costs incurred due to fraudulent use by a Beneficiary, including disclosing the Personal Identification Number (PIN) to anyone, or keeping it (even in a coded format) with the covered card or makes it known to anyone other than an authorised user.
- Claims which do not include supporting documentation.
- Any loss that was not incurred or did not commence during the period of cover.

ARTICLE 18. EMERGENCY CARD REPLACEMENT

The Insurer shall, upon presentation of the corresponding supporting documentation, reimburse the Insured, up to the amounts stated in the Benefits Schedule, for their expenses for the replacement of the Insured Cards in the event of a theft reported via a complaint filed with the relevant local authorities."

GENERAL CONDITIONS FOR APPLICATIONS

ARTICLE 19. OBLIGATIONS OF THE BENEFICIARY

As soon as a covered event occurs and before taking any initiative or incurring any expense, the Beneficiary or any person acting on his behalf should contact the Assistance alarm center, which is operational 24/7, within five (5) days of knowledge of the event.

He must provide the following information:

- his name and surname.
- the number and the validity of his insurance policy.
- the number of the travel agreement: **7XXXX**
- the date of entrance in the inbound country.
- the telephone number on which the Beneficiary can be reached.
- the name, address and telephone number of the admission hospital.
- brief description of the event.

Under no circumstances the Assistance Company be held liable for refunding any expense incurred without prior agreement that shall be validated by the Assistance Company threw a file number.

The Assistance alarm center can be reached:

| |
|--|
| <p>By phone: + 33 170 890 521 By mail: medical-service@axa-assistance.ma</p> |
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ARTICLE 20. IMPLEMENTATION OF COVERAGES

The Assistance Company becomes involved within the scope fixed by national and international laws and regulations.

In all cases, international transportations are arranged subject to the Beneficiary obtaining the administrative authorisations and having the identity documents and visa necessary for the transportation.

The Assistance Company reserves the right, prior to any intervention of its service provisions, to check the reality of the event insured and the validity of the request made by the Beneficiary.

The Assistance Company cannot be held liable for any damage of a professional or commercial nature suffered by a Beneficiary following an event which needed the intervention of the assistance services.

Supporting Documents

In addition to these documents, the Assistance Company reserves the right to request any additional documents deemed necessary.

| BENEFITS | SUPPORTING DOCUMENTS TO PROVIDE TO THE ASSISTANCE COMPANY |
|------------------------|---|
| Medical Assistance | |
| Medical Transportation | <ul style="list-style-type: none"> • Detailed medical report. • Invoice of the transportation • Copy of passport and round-trip ticket |

| | |
|--|--|
| Emergency medical & hospitalisation expenses abroad | <ul style="list-style-type: none"> • Original invoices • Medical prescription check by the medical staff if it is an emergency. • Name of the beneficiary and IBAN |
| Emergency dental expenses abroad | <ul style="list-style-type: none"> • Original invoices of dental fees • Medical prescription acceptance if it is an emergency. • Name of the beneficiary and IBAN |
| Body repatriation in case of death | <ul style="list-style-type: none"> • Death certificate • Original invoice of the body repatriation • The proof of payment • Name of the beneficiary and IBAN • Depending on cases a heredity certificate |
| Early return in the event of death of a close relative | <ul style="list-style-type: none"> • Death certificate • Invoices of plane tickets • Official proof of family link |
| Cancellation or Curtailment | |
| Cancellation or Curtailment | <ul style="list-style-type: none"> • Detailed medical report. • Proof of medication and medical analysis • Copy of the contract • All other supporting documents described in the guarantee |
| Luggage | |
| Additional compensation in the event of loss of luggage | <ul style="list-style-type: none"> • The travel certificate and the N° of the file • The luggage Irregularity Report delivered by the air carrier. • The indemnification proof of the I.A.T.A. affiliated Airline company • The luggage receipt clearly showing the weight of the luggage lost • IBAN + form filed by customer with bank details |
| Travel Convenience | |
| Compensation if delay in delivering of luggage | <ul style="list-style-type: none"> • Certificate of the travel policy • N° of the file • An official document of the airline company with all the details of the delay • A copy of the boarding card • The airline company's compensation notice • The originals (copy of those invoices is accepted if the originals are sent to the airline for indemnification) of invoices for the expenses incurred during the delay. • Inventory of all the essential items (toilets items and essential clothes...) • IBAN + form filed by customer with bank details |
| Compensation in the event of flight delay | <ul style="list-style-type: none"> • Certificate of the travel policy • N° of the file • An official document of the airline company with all the details of the delay • A copy of the boarding card • The airline company's compensation notice • The originals (copy of those invoices is accepted if the originals are sent to the airline for indemnification) of invoices for the expenses incurred during the delay. |

| | |
|--------------------------------|---|
| | <ul style="list-style-type: none"> • Inventory of all the essential items (toilets items and essential clothes...) • IBAN + form filed by customer with bank detail |
| Legal Assistance Abroad | |
| Lawyer's expenses | <ul style="list-style-type: none"> • Number of the file when the beneficiary called the assistance service. • The original invoice • The proof of payment • An official document from the bank with all the bank details • Name of the beneficiary • IBAN |
| Personal Accident | <ul style="list-style-type: none"> • The names and surnames of the responsible third party and any witnesses, • The number of the Policy, • Any document necessary to understand the facts, the nature, the circumstance, the place and the date of the event, • A copy of the Beneficiary's birth certificate, • A copy of the identity document certifying the status of the assignee, • The final notification of the attribution of an invalidity pension, • The Hospitalisation report and the medical certificate including the date of the first medical act, the description of the injuries and cares, as well as the consequences that may follow. |

ARTICLE 21. EXCEPTIONAL CIRCUMSTANCES

The Assistance Company's commitment is based on an obligation of means (*obligation de moyens*) and not one of results (*obligation de résultat*).

he Assistance Company cannot be held responsible for non-performance or delays or difficulties in performing the agreed services caused by civil or foreign war whether declared or not, general mobilisation, requisition of men and/or materials by the authorities, act of sabotage or terrorism, social unrest including strike, riot and popular uprising, restriction of the free movement of goods and persons, natural disasters, effects of radioactivity, epidemic, pandemics, infectious or chemical risk or any other accident or case of *force majeure*.

ARTICLE 22. GENERAL EXCLUSIONS

In addition to the exclusions specified under the terms of the Policy, all consequences of and/or events resulting from the following are also excluded:

- circumstances provoked intentionally by the Beneficiary.
- foreign or civil war whether declared or not, riot and popular uprising, act of terrorism or sabotage.
- involvement in fights, except in case of self-defense, and in bets, dares, duels or crimes.
- the professional practice of any sport and the amateur practice of any aerial, self-defense or combat sport.
- participation in endurance or speed competitions or events and trials in preparation therefore on any form of land, water or air locomotive means.
- failure to respect the recognised safety rules for the practice of any sporting or other leisure activity.

- the consequence of practising the following sports or activities: mountaineering requiring or not the use of equipment, trekking, rock climbing, bobsleigh, skeleton, potholing, parachuting, acrobatic ski jumping, undersea diving involving the use or not of autonomous equipment, aerial sports such as gliding, hang-gliding, flying wing (motorised and non-motorised) and all similar machines (notably micro-lights and ULM), flying air navigation craft, air navigation control device, aerial sports ;
- official bans, injunctions and restrictions imposed by the forces of law and order.
- epidemics, pandemics declared by the World Health Organisation and their consequences.
- effects of pollution, natural disasters and their consequences.
- any intervention initiated and/or organised at government or intergovernmental level by any governmental or non-governmental authority or organisation.
- benign affections or lesions which can be treated on the spot.
- non-urgent affections which do not require immediate medical care.
- pre-existing illness predating the first subscription of the Policy and having given rise to a consultation, hospitalisation or other medical treatment within the 6 months prior to the request for assistance.
- convalescence.
- affections under treatment at the first subscription of the Policy and not yet stabilised and/or requiring subsequent scheduled treatment and possible follow-up measures (examination, additional treatment, foreseeable and recurrent complications);
- surgical treatments and interventions of an aesthetic nature not resulting from an Accident.
- pregnancy conditions and their consequences, miscarriages and ectopic pregnancies and their consequences, deliveries and their consequences concerning the newborn babies.
- voluntary interruptions of pregnancy, amniocenteses.
- mental illnesses and their consequences, including depressive syndromes.
- the consequences of a suicide and attempted suicide.
- the consequences of the use of medicines or drugs not medically prescribed.
- the consequences of the alcohol abuse (blood-alcohol level greater than that set by the regulations in force in the country of location, deficiency syndromes as well as any pathology directly resulting from alcohol abuse);
- the consequences of the failure or inability to obtain vaccination or treatment required or made compulsory by a trip or travel or the repercussions of such vaccination or treatment.
- repetitive transportation required because of the Beneficiary's follow up examinations, out-patient care sessions.
- any cost or expense covered by another insurance policy.
- cost or expense incurred without the prior agreement of the Assistance Company.
- the medical expenses relating to check-ups, medical examinations, scheduled or preventative.

GENERAL PROVISION

ARTICLE 23. LIFE OR DEATH SITUATION

If there is a risk of death, the Beneficiary or any other person representing him/her must call on the medical emergency services in place where the Beneficiary is located before contacting the Assistance Company.

ARTICLE 24. MAXIMUM INSURER'S COMMITMENT (Maximum limit)

It is agreed that if the policy is taken out in favor of one or several insureds, who are subject to the same insured accident caused by a same event at the same time and if the aggregate benefits exceed €20,000,000, the insurer's commitments shall in any event be capped at this amount with respect to the total amount of benefits paid to insureds who are subject to the same accident, the benefits being reduced and paid on a proportional basis with respect to the number of insureds

ARTICLE 25. PRESCRIPTION

Any claim arising out of the Policy shall become statute-barred two (2) years after the event which leads to it or after any time period applicable in accordance with the law of the Country of Residence.

ARTICLE 26. APPLICABLE LAW AND JURISDICTION

These General Conditions shall be governed and determined in accordance with the laws of The Federal Republic of Nigeria.

The parties shall use their best endeavors to settle amicably all disputes arising from or in connection with this Agreement or the interpretation thereof.

Any dispute arising out of an event leading to an intervention by the Assistance Company, if not settled amicably by the Insurer and the Beneficiary within fourteen (14) days of such dispute arising, shall be referred to a sole Arbitrator agreed upon by parties. The arbitration shall be carried out in accordance with the provisions of the Arbitration and Conciliation Act, Laws of the Federation of Nigeria 2004.

Each Party shall bear its own costs and expenses, except where the Arbitrator orders otherwise. An award given in pursuance of such arbitration shall be final, binding, and enforceable by a court of competent jurisdiction. For the avoidance of doubt, save as permitted under this Agreement, a final arbitral award shall be a condition precedent to the institution of any court action by either Party. This clause will survive the termination of the Agreement.

ARTICLE 27. SANCTIONS

The Assistance Company and the Insurer shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose them to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

The Assistance Company is not subject to anti-money laundering and counter-terrorist financing provisions. The Assistance Company will not provide services to individuals or entities subject to assets freeze measures.

The Policyholder and/or the Beneficiary allow the Insurer to apply any appropriate measure to fight against money laundering and terrorist financing, as defined by the Financial Action Task Force (FATF) recommendations.

ARTICLE 28. DATA PROTECTION

The Beneficiary acknowledges and agrees that the Insurer:

- is committed to protect his personal data in accordance with applicable laws and regulations; and
- is acting as data controller in respect of the personal data that the Beneficiary process under this Policy; and
- has implemented and will maintain within its organization policies and technical security measures preventing any breaches (e.g. of confidentiality) by its officers, representatives, employees or any other third party acting on its behalf in determining what are appropriate technical security measures, account shall be taken of risks presented by accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to personal data transmitted, stored or otherwise processed; and
- has fulfilled legal requirements relative to the transfer of such personal data; and
- does transfer his data abroad for the performance of this Policy; and

- does transfer his data abroad for the performance of the contract signed between the Assistance Company and/or its reinsurer(s).

The Beneficiary consents to transfer his personal data Abroad, in order for the Assistance Company to fulfil its contractual commitments with the Insurer, including but not limited to administration, risk management and performance of the Policy.