



TERMS OF INSURANCE
POLICY NUMBER 6002002601/X

FILODIRETTO TRAVEL

GLOSSARY

In the following text, the terms will have the same meaning as assigned to them hereby:

Abroad: any country other than Italy as defined hereinafter;
Accident: any occurrence of any fact or harmful event as covered by the insurance;
Alarm Center: the company's structure composed of technicians and operators, working 24 hours a day, seven days a week, who reply by phone to the requests of the insured party and arrange and provide assistance;
Ambulatory: any medical center or structure duly equipped and authorized to provide medical assistance or examinations, as well as any consulting room legally authorized for individual doctors;
Appendix Adjustment: a document in which the Company, on a monthly basis, indicates to the Contracting party the number of names reported and included in the insurance and the amount of the premium due to integration of the minimum premium;
Assistance: any prompt aid, both cash or in kind, provided to the insured party in difficulty after the occurrence of an accident;
Breakdown: any damage suffered from any vehicle and due to wear-and-tear, defect, failure, non functioning of its components (except an intervention of ordinary maintenance) that prevents the insured party from making normal use of the vehicle;
Car Accident: any event that affects any vehicle, arising out of a fortuitous circumstance, malpractice, negligence, non-compliance with provisions and regulations that is connected with road circulation, as defined by the law, that damages the vehicle and prevents its regular use;
Company: Nobis Compagnia di Assicurazioni S.p.A.;
Contracting party: any natural or legal person who stipulates the insurance policy;
Damage: any deterioration to the luggage due to breakage, collision, or impact with steady or moving objects;
Day hospital: any one-day admission to the hospital that does not entail an over-night stay;
Deductible: any fixed amount charged to the insured party for any accident;
Duration of the Policy: the period of validity of the insurance policy selected by the insured party;
Europe: any European and Mediterranean country, Russian Federation excluded;
Expenses of the losing party: any expense for a proceeding that the losing party has to pay to the winning party;
Family member: spouses/partners living together *more uxorio*, parents, brothers, sisters, children, parents-in-law, brothers-in-law, sisters-in-law, grandparents, uncles, aunts, nieces and nephews up to the 3rd degree of kinship;
Family unit: the spouse/partner and the children living with the insured party;
Final Premium: the amount of the policy premium payable by the Contracting party to the Company based on the number of names specifically disclosed or, in case of policy rate, by multiplying the gross annual rate indicated in the policy to the real turnover realized by the Contracting party during the term of the policy;
Fire: any combustion with flames;
Fixed excess: the part of damage to be indemnified according to the policy that will be charged to the insured party for any accident;
Gross Rate: any multiplier to be applied to the turnover of the Contracting party used to define the definitive premium;
Hospital: any health care institute, nursing home, university hospital that is duly authorized - as per legal requirements by relevant authorities - to provide hospital assistance. Spas, convalescent homes, centers with beauty or dietary purposes are excluded;
Hospitalization: any stay in a hospital with an over-night included;
Illness: any variation in health conditions that is not due to an accident;
Indemnity: any amount due by the company in case of an accident that is covered by the policy guarantees;

Injury: any event due to a fortuitous, violent or external cause, producing bodily injuries - that may be objectively detected - that results in death, permanent disability or temporary partial or total inability;
Insurance: the insurance policy;
Insured Party: any individual whose interest is protected by the insurance that is any person that subscribed the travel organized by the Contracting party and regularly communicated to the Company;
Italy: the territory of Italian Republic, the Vatican City and the Republic of San Marino;
l'ammontare del premio di polizza dovuto dal Contraente all'Impresa in base al numero dei nominativi in concreto comunicati o in caso di polizza al tasso, moltiplicando il tasso lordo annuo indicato in polizza al reale fatturato realizzato dal Contraente nel periodo di durata della polizza;
Limit of Liability: any maximum amount paid by the company for any accident covered by the insurance;
Luggage: any clothes, sports equipment, personal hygiene items, photographic and video equipment, radio-TV sets and electronic devices, suitcases, bags, rucksack that may contain them and that the insured party carries with him/her during the travel;
Medicines: any medicine included in the official Italian List of Medicines. Therefore, they do not include over-the-counter, homeopathic, cosmetic, dietary, galenical products, even if prescribed by a doctor;
Minimum Premium: the amount of the policy premium due in any case by the Contractor party to the Company, regardless of the number of names specifically disclosed or, in case of policy rate, of the real entity of the turnover during the term of the policy;
Official residence: any place where the natural or legal person is officially resident, as per the vital records office;
Permanent Disability: any definitive partial or total loss of the ability of the insured party to carry out any work, regardless of his/her job, due to accidents;
Policy: any document certifying the insurance;
Pre-existing disease: any disease that is directly due to pathological situations that arose before the stipulation of the policy;
Premium: any amount due by the Contracting party to the company;;
Residence: any place, even temporary, where the insured party lives;
Risk: any probability that the harmful event covered by the insurance will occur;
Robbery: any misappropriation of personal property from the owner, using violence or by threatening the owner him/herself;;
Surgical Operation: any medical operation carried out in an operating room of a hospital or ambulatory that is equipped as required, which is based on surgery of tissues using sources of mechanic, thermal or light energy. For insurance purposes, it includes also the closed reduction of fractures and dislocations;
Theft: any crime under article 624 of the Italian Criminal Code, committed by anyone who takes possession of the personal property of any third party, stealing it from the owner, in order to make profit for him/herself or for any third party;
Third party: usually does not include: a) the spouse, the parents, the children of the insured party nor any other relative or similar person living with him/her as reported at the registry; b) any employee of the insured party having an accident during work activities
Touristic services: any flight, hotel accommodation, transfer, rental, etc. sold by the Contracting party to the insured party;
Travel Companion: any insured person who, even though not related to the insured party who suffered the accident, is regularly participating in the same travel as the insured party;
Travel/Rental: any transfer and/or stay for touristic, educational or business purposes of the insured party as organized by the contracting party; any travel/rental starts after checking-in (by plane), after entering the hotel/apartment (should the stay be provided only), after embarking (by ship or ferry-boat), after sitting in a carriage (by train).
Turnover: any total amount billed by the Contracting party during validity of the policy;;
Vehicle: any mechanical means of transport driven by the insured party that operates with an engine and runs on roads, both public and private.
World: any country of the world;

FILODIRETTO TRAVEL INSURANCE CONDITIONS

INSURANCE CONDITIONS Mod. 6002 (ed. 2010-09) - Last update 30/09/2010

SECTION 1 - INJURY

PRIOR TO DEPARTURE

ART. 1.1 TEMPORARY INABILITY DERIVING FROM INJURY

In case the Insured Party is in conditions of temporary inability, following an accident occurred after the booking of the journey, such as inability to take part to the journey, the Company will refund him/her the incurred medical expenditures, for the diagnosis and the cure of the injury, up to a maximum of 600,00€. In absence of incurred costs or of proper documentation, and, anyway, as alternative, it will recognize a lump sum compensation of 200,00€.

ART 1.2 OBLIGATIONS OF THE INSURED PARTY



NOBIS COMPAGNIA DI ASSICURAZIONI S.p.A.
Sede Legale in Borgaro Torinese 10071 (TO) • Via Lanzo, 29
Direzione Generale in Agrate Brianza 20864 (MB) • Viale Colleoni, 21
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Capitale Sociale € 37.890.907,00 i.v. • REA n. TO 1243609
C.F. e iscrizione al Reg. Imprese di TO n. 01757980923 • P.IVA IT 02230970960
Società iscritta alla Sez. I dell'Albo delle Imprese al n. 1.00115
Capogruppo del Gruppo Nobis iscritto al n. 052 dell'Albo dei Gruppi Assicurativi

In case of injuries or damages, the Insured Party or who is obliged for him / her has to call immediately, not later than midnight (12PM) of the day after the day of the event, and report to "Nobis Compagnia di Assicurazioni", using the green number 800894123 working 24 / 24 hours or the phone number +39/039/9890702, and inform about the injury's details. The Insured Party has to consent the Company's investigations and necessary checks to define the injury, and produce to the same the whole documentation related to the specific case, freeing for this purpose, the Doctors that have visited and treated him / her from the obligation of professional secrecy, if appointed for the exam of this injury.

ART.1.3 – COMPANY'S COMMITMENTS

In case the Insured Party notifies the claim within the terms and modalities described in the preceding art. 1.2, the Company undertakes to pay off the damage within 45 days from the date of the report, under condition that the complete documentation, that will be indicated by the Company to the Insured Party during the phone-claim, required by the Company, arrives within the 15th day from the day of the complaint. If, for any reasons due to the Company, the damage's paying-off occurs after 45 days, legal interest will be recognized to the Insured Party, calculated on the amount to be paid-off.

DURING JOURNEY

ART. 1.4 - MEDICAL EXPENSES IN CASE OF INJURY

Within the limits per Insured person of € 600,00 in Italy, of € 30.000,00 in Europe, of € 50.000,00 in the World and of € 100.000,00 in USA and Canada, verified and documented medical expenses incurred by the Insured person during the trip due to injury to urgent or can not be postponed surgical operation or care, resulting from injury arisen during the period of guarantee.

The guarantee includes:

- Any expense for hospital stays;
- Any expense for surgical operations and doctor's fees due to an injury;
- Any expense for outpatient medical examinations, diagnostic and clinical tests (provided that they refer to the injury reported);
- Any expense for the medicines prescribed by the local doctor (provided that they refer to the injury reported);
- Any expense for urgent dental care, due to the injury, up to € 200.00 per insured party;

In case of hospitalization due to an injury subject to indemnity pursuant to the policy, the Alarm Center, upon the request of the insured party, will proceed with direct payment of medical expenses.

Nevertheless, the Insured party will be charged, and will proceed with direct payment on site, of any amount exceeding the limits of liability provided in the policy and any relevant deductible.

For amounts exceeding € 1,000.00, prior authorization by the Alarm Center is required.

ART. 1.5 – DEDUCTIBLE AND FIXED EXCESS

To each injury a fixed deductible of € 50.00 will be applied; this deductible will be charged to the Insured party.

To each injury with amounts exceeding € 1,000.00 in case of non-authorization by the Alarm Center, a fixed excess corresponding to 25% of the amount to be reimbursed will be applied (the minimum amount applicable amounts to € 50,00).

It is understood that no indemnity will be due for amounts exceeding € 1,000.00 if the insured party cannot demonstrate the effective payment of the medical expenses by bank transfer or credit card.

ART. 1.6 – SPECIAL EXCLUSIONS AND LIMITS APPLICABLE TO GUARANTEES FOR MEDICAL EXPENSES DERIVING FROM INJURY

In addition to the exclusions under the Provisions applicable to the guarantees, any expense for dental, physiotherapeutic, nursing and for the elimination of congenital physical defects are excluded, as well as any expense for eye-glasses, contact lenses, prosthesis and therapeutic devices, beauty operations or applications.

AFTER JOURNEY

ART. 1.7 – REPAYMENT OF MEDICAL EXPENSES FOR INJURY

The medical expenses incurred in Italy only for injuries occurred during the journey, will be reimbursed up to 1.000,00 € provided that they incurred within 60 days from the return date.

ART. 1.8 – FRANCHISE

For each injury an absolute franchise of 50,00 € will be applied that is to be paid by the Policy Holder.

ART. 1.9 – SPECIFIC EXCLUSIONS AND LIMITATIONS FOR THE GUARANTEE OF MEDICAL EXPENSES DERIVING FROM INJURY AFTER THE JOURNEY

Besides the exclusions provided by the Common Rules of the insurance are excluded the expenses for physiotherapy, nursing treatments and for the elimination of congenital physical defects; out-of-pocket expenses related to eyeglasses, contact lenses, prosthesis and therapeutic appliances and those related to surgery or applications of aesthetic nature.

SECTION 2 – ILLNESS

PRIOR TO DEPARTURE

ART. 2.1 MEDICAL EXPENSES

In case the Insured Party is in conditions of temporary inability, following an illness occurred after the booking of the journey, such as inability to take part to the journey, the Company will refund him/her the incurred medical expenditures, for the diagnosis and the cure of the illness, up to a maximum of 500,00€. In absence of incurred costs or of proper documentation, and, anyway, as alternative, it will recognize a lump sum compensation of 200,00€.

ART 2.2 OBLIGATIONS OF THE INSURED PARTY

In case of illness or damages, the Insured Party or who is obliged for him / her has to call immediately, not later than midnight (12PM) of the day after the day of the event, and report to "Nobis Compagnia di Assicurazioni", using the green number 800894123 working 24 / 24 hours or the phone number +39/039/9890702, and inform about the illness details. The Insured Party has to consent the Company's investigations and necessary checks to define the illness, and produce to the same the whole documentation related to the specific case, freeing for this purpose, the Doctors that have visited and treated him / her from the obligation of professional secrecy, if appointed for the exam of this illness.

ART. 2.3 – COMPANY'S COMMITMENTS

In case the Insured Party notifies the claim within the terms and modalities described in the preceding art. 2.2, the Company undertakes to pay off the damage within 45 days from the date of the report, under condition that the complete documentation, that will be indicated by the Company to the Insured Party during the phone-claim, required by the Company, arrives within the 15th day from the day of the complaint. If, for any reasons due to the Company, the damage's paying-off occurs after 45 days, legal interest will be recognized to the Insured Party, calculated on the amount to be paid-off.

DURING JOURNEY

ART. 2.4 - MEDICAL EXPENSES IN CASE OF ILLNESS

Within the limits per Insured person of € 600,00 in Italy, of € 30.000,00 in Europe, of € 50.000,00 in the World and of € 100.000,00 in USA and Canada, verified and documented medical expenses incurred by the Insured person during the trip due to illness to urgent or can not be postponed surgical operation or care, resulting from illness arisen during the period of guarantee.

The guarantee includes:

- Any expense for hospital stays;
- Any expense for surgical operations and doctor's fees due to an illness;
- Any expense for outpatient medical examinations, diagnostic and clinical tests (provided that they refer to the illness reported);
- Any expense for the medicines prescribed by the local doctor (provided that they refer to the illness reported);

In case of hospitalization due to an illness subject to indemnity pursuant to the policy, the Alarm Center, upon the request of the insured party, will proceed with direct payment of medical expenses.

Nevertheless, the Insured party will be charged, and will proceed with direct payment on site, of any amount exceeding the limits of liability provided in the policy and any relevant deductible.

For amounts exceeding € 1,000.00, prior authorization by the Alarm Center is required.

ART. 2.5 – DEDUCTIBLE AND FIXED EXCESS

To each illness a fixed deductible of € 50.00 will be applied; this deductible will be charged to the Insured party.

To each illness with amounts exceeding € 1,000.00 in case of non-authorization by the Alarm Center, a fixed excess corresponding to 25% of the amount to be reimbursed will be applied (the minimum amount applicable amounts to € 50,00).

It is understood that no indemnity will be due for amounts exceeding € 1,000.00 if the insured party cannot demonstrate the effective payment of the medical expenses by bank transfer or credit card.

ART. 2.6 – SPECIAL EXCLUSIONS AND LIMITS APPLICABLE TO GUARANTEES FOR MEDICAL EXPENSES DERIVING FROM ILLNESS

In addition to the exclusions under the Provisions applicable to the guarantees, any expense for dental, physiotherapeutic, nursing, spa, weight-loss treatment and for the elimination of congenital physical defects are excluded, as well as any expense for eye-glasses, contact lenses, prosthesis and therapeutic devices, beauty operations or applications. The insurance does not cover voluntary abortions, nor treatments or therapies or for fertility and/or sterility and/or impotence.

The medical expenses incurred by the Insured party after the termination date of the trip will be not reimbursed.

SECTION 3 – ASSISTANCE TO THE PERSON

Service activities reported in the guarantee for Assistance to the person are offered free of charge.

ARTICLE 3.1 - PURPOSE OF THE INSURANCE

If the Insured party runs into difficulties due to the occurrence of illness, accidents or fortuitous events, the Company will foresee to immediately



making the services granted by the insurance available to the Insured party, within the terms provided in the policy and through the staff and equipment of the Alarm Center. The support provided may consist of cash or kind.

ARTICLE 3.2 - MEDICAL CONSULTATION RENDERED BY PHONE

If, due to illness or an accident, the health conditions of the Insured party need to be ascertained, the Company will make the medical service of the Alarm Center available to the Insured party for medical contacts aiming at the handling of the first medical emergency.

ARTICLE 3.3 - AVAILABILITY OF A DOCTOR IN ITALY IN CASE OF EMERGENCY

Should the Insured party, travelling in Italy, need a doctor and cannot locate one, the Company – through its Alarm Center – will make its medical assistance service available to the Insured party at night (from 8 pm to 8 am) and 24 hours a day on Saturdays and holidays; this service ensures the availability of general practitioners, ready to intervene upon request. After the Alarm Center has been contacted and following a first diagnostic examination carried out by the internal doctor, the Company will send the necessary doctor free of charge.

Should no doctor be promptly available and circumstances require one, the company will arrange and pay for the transfer of the Insured party to an emergency room by ambulance.

ARTICLE 3.4 - SUGGESTION OF A DOCTOR ABROAD

If, after any medical consultation (please refer to "Medical Consultation Rendered by Phone") the Insured party needs a medical examination, the Alarm Center will suggest a doctor – if any – in the area of the Insured party depending on the local availability.

ART 3.5 - MONITORING OF HOSPITALIZATION

Should the Insured party be hospitalized, the medical service of the Alarm Center will be at his/her disposal to provide communication and updates on the course of the illness to the family members of the Insured party.

ARTICLE 3.6 - ORGANIZED MEDICAL TRANSPORT

Following any illness or accident suffered by the Insured party that causes infirmity or injuries that may not be treated on site or that prevent continuation of the travel and/or of the stay, the medical service of the Alarm Center, after consulting the local doctor and if necessary/possible the general practitioner of the Insured party, will arrange medical transport/return of the Insured party. According to the seriousness of the health conditions, the Insured party will be transferred to the most suitable medical center or transferred to his/her residence.

The medical service of the Alarm Center will decide how to arrange the medical transport; the following means may be used:

- air ambulance – commercial flight – sleeping car – 1st class berth - ambulance – other means deemed suitable.

According to the health conditions, the transport may be accompanied by doctors and/or paramedics of the Alarm Center.

The return from non-European countries (such as any country outside Continental Europe, including overseas possessions, territories and districts), except Mediterranean countries, will be carried out using exclusively commercial flights. No medical service will be rendered if the Insured party or his/her family members decide to sign for voluntary discharge from the hospital despite the adverse advice of the medical staff of the facility where the insured party is admitted.

ARTICLE 3.7 - RETURN OF FAMILY MEMBERS OR TRAVEL COMPANION

In case of medical transport of the Insured party, of the corpse, or return of the convalescent, the Alarm Center will make arrangements, and the company will incur the costs, for the return of family members only if they are insured (flight in economy class or by train in 1st class) or one travel companion. The service will be rendered solely if the Insured party cannot use his/her own tickets.

ARTICLE 3.8 - TRANSPORT OF THE CORPSE

In case of death of the Insured party during travel and/or a stay, the Alarm Center will arrange transport of the corpse, carry out any formality required and pay any expense that is required and essential (after-death treatment, documents for the transport of the coffin), up to the place of burial in the country of residence of the insured party. The guarantee does not include the expenses for research, funeral, burial and possible recovery of the corpse.

ARTICLE 3.9 - TRAVEL OF A FAMILY MEMBER IN CASE OF HOSPITALIZATION

In case of hospitalization for more than 5 days of the Insured party, the Alarm Center will arrange, and the Company will pay, for travel (round-trip flight ticket in economy class or 1st class train ticket) as well as accommodation expenses up to a daily limit of € 100.00 and for a maximum of 10 days for one family member.

The service will be rendered solely if no adult family member is already present on site.

ARTICLE 3.10 - ASSISTANCE TO MINORS

If, due to illness or accident, the Insured party cannot take care of his/her under-age children travelling with him/her, the Alarm Center will provide a family member or any other person as nominated by the Insured party or the spouse, with a round-trip flight ticket in economy class or 1st class train ticket, in order to reach the minors and take them home.

The service will be rendered solely if no adult family member is already present on site.

ARTICLE 3.11 - RETURN OF THE CONVALESCENT TRAVELER

If the health conditions of the Insured party prevent him/her from returning to his/her residence using the means defined when the travel was arranged, the Alarm Center will make arrangements and the company will incur the expenses for a return ticket (round-trip flight ticket in economy class or 1st class train ticket).

The service will be rendered solely if the insured party may not use his/her own tickets.

ARTICLE 3.12 - EXTENSION OF STAY

The Alarm Center will arrange an extended overnight stay for the Insured party, the family members or the travel companion, if insured, in the event of illness or accident of the Insured party, provided that this is demonstrated by a regular medical report and the company will incur the expenses for the overnight stay for a maximum of 10 days and anyway up to a daily limit of € 100.00.

ARTICLE 3.13 - URGENT DISPATCH OF MEDICINES ABROAD

The Alarm Center will arrange, if reasonably possible and in compliance with provisions concerning the transport of medicines and solely following a fortuitous event, accident or illness, the dispatch of the medicines required for continuation of the ongoing therapy if the Insured party cannot obtain these or equivalent medicines on site. In any case the cost of these medicines will be charged to the Insured party.

ARTICLE 3.14 - AVAILABILITY OF AN INTERPRETER ABROAD

If necessary and following hospitalization of the insured party abroad, or following legal proceedings for facts without malice aforesaid against the insured party, the alarm center will arrange an interpreter – only in countries where its correspondents are present – and the company will incur the relevant fees up to € 1,000.00.

ARTICLE 3.15 - ADVANCE PAYMENT OF FIRST AID EXPENSES

If the Insured party incur unexpected expenses due to particularly serious events that can be demonstrated, the Alarm Center will proceed with the "on site" payment of invoices or with an advance of money to the insured party up to € 8,000.00 if an adequate guarantee is provided by any third party at home to cover the loan at once.

ARTICLE 3.16 - EARLY RETURN

The Alarm Center will arrange a ticket for the early return of the Insured party and the Company will incur the costs (flight ticket in economy class or 1st class train ticket) to his/her residence if in the country of residence, death occurs or there is an imminent danger of life to one of the following family members: spouse, child, brother/sister, parent, parent-in-law, brother-in-law, sister-in-law, grandparent, uncle, aunt, niece and nephew up to the 3rd degree of kinship.

The service is effective for any material damage to the primary residence or holiday home, to the office or to the company of the insured party that requires his/her presence.

Should the insured party have to leave his vehicle and return home earlier, the company will put a plane or train ticket at his/her disposal to go and retrieve the vehicle afterwards. The service will be rendered solely if the insured party may not use his/her own tickets.

ARTICLE 3.17 - TELEPHONE/TELEGRAPH EXPENSES

The Company will pay any proven expense necessary for contacting the Alarm Center up to € 100.00.

ARTICLE 3.18 - NOTIFICATION OF URGENT MESSAGES

Should the Insured party be in difficulty and be prevented from sending urgent messages to persons, the Alarm Center will arrange notification of these messages.

ARTICLE 3.19 EXPENSES FOR AID, SEARCH AND RETRIEVAL

In case of an accident or illness, expenses for search and aid are guaranteed up to € 1,500.00 per person, provided that such search is carried out by an official organization.

ARTICLE 3.20 - ADVANCE PAYMENT OF CRIMINAL BAIL ABROAD

The Company will proceed with the advance payment abroad of any criminal bail as required by local authorities to release the Insured party provisionally up to € 25,000.00. Since this amount merely represents an advance payment, the Insured party will nominate a person who will concomitantly deposit the same amount in the bank account of the company. Should the bail be reimbursed by local authorities, it will be promptly returned to the Company, which will then reimburse the above-mentioned bond. This guarantee is not valid for facts connected with drug traffic or trade, or for the participation of the insured party in political demonstrations.

ARTICLE 3.21 – SPECIAL EXCLUSIONS AND LIMITS APPLICABLE TO GUARANTEES FOR ASSISTANCE TO THE PERSON

In addition to the exclusions under the Provisions applicable to all guarantees, the Company will not cover the expenses incurred by the insured party without prior authorization from the Alarm Center.

Should one or more services not be rendered to the Insured party, the company will not indemnify the insured party for the non-rendered services, nor will it supply any alternative services by way of compensation.

The company will not pay any reimbursement or indemnify in place of services when the services were provided by other insurance companies



or institutions when they have not been previously requested through the Alarm Center or arranged by it. The reimbursement will be paid (up to the limits provided in this policy) if the Alarm Center, after having been contacted, has duly authorized the insured party to arrange the services of assistance on his/her own; in this case, the original documents supporting the expenses incurred by the insured party for the services rendered will be sent to the alarm center.

Any infectious disease, should the intervention of assistance be prevented by international health provisions, is excluded.

ARTICLE 3.22 - RESPONSIBILITY

The Company will not be responsible for any delay or obstacle that may arise while rendering the services of assistance in case of events already excluded pursuant to the General and Special Conditions due to:

- any order issued by local authorities preventing the rendering of these services;
- any fortuitous or unexpected event;
- any cause of *force majeure*

ARTICLE 3.23 - TICKET RETURN

The Insured party will return non-used tickets to the company once the services have been rendered.

SECTION 4 – LUGGAGE

ARTICLE 4.1 - PURPOSE OF THE INSURANCE

The Company guarantees, within the maximum limit of € 500,00 :

- the luggage of the Insured party against the risks of fire, theft, bag-snatching, robbery, loss, breakdown and non-return by the carrier.
- Within the above-mentioned limits of liability, but still up to € 300.00 per person, reimbursement of the expenses for reissue/duplication of the passport, identity card and driving license and/or nautical license due to the above-mentioned events;
- Within the above-mentioned limits of liability, but still up to € 300.00 per person, the reimbursement of the expenses for the documented purchase of indispensable clothes and personal items incurred by the Insured party due to total theft of the luggage or its late return by the carrier at least 12 hours after the arrival of the insured party at destination.

ARTICLE 4.2 – SPECIAL EXCLUSIONS AND LIMITS APPLICABLE TO THE GUARANTEES FOR LUGGAGE

In addition to the exclusions under the Provisions applicable to all guarantees, the company will not cover the damages due to:

- a) fraud, offense, negligence of the insured party, as well as carelessness;
 - b) insufficient or inadequate packaging, ordinary wear-and-tear, manufacturing defects and adverse climate circumstances;
 - c) any break or damage to the luggage unless due to theft, robbery, bag-snatching or caused by the carrier;
 - d) theft of the luggage from the vehicle that is not duly locked or theft of the luggage placed on motor-cycles or on external luggage racks. Any theft of luggage from 8 pm to 7 am is excluded unless the vehicle is duly locked and parked in attended car park;
 - e) money, credit cards, cheques, shares and collections, set of samples, documents, plane tickets and any other travel document;
 - f) jewels, gems, furs and any other valuable item left unattended;
 - g) goods purchased during travel without regular supporting proof of payment (invoice, bill, etc.);
 - h) goods - other than clothes, cases, bags and rucksacks - that have been given to any carrier, air carrier included;
- Notwithstanding the insured amounts and the maximum coverage of € 300.00 per item, reimbursement will be limited to 50% for jewels, gems, watches, furs and any other valuable item, photo-video equipment, radio-TV sets and electronic devices.
- Photographic equipment (such as lenses, filters, flashes, batteries, etc.) are considered one single item

ARTICLE 4.3 - CRITERIA FOR REIMBURSEMENT

Any reimbursement will be settled, as an integration to the amount reimbursed by the air carrier or by the hotel owner liable for the event, up to the limit of the insured amount, on the basis of the as-new value of the items for the goods purchased during the three months before the damage (suitable proof of the purchase, such as invoice or bill, must be provided), otherwise the reimbursement will consider deterioration and the actual conditions of the items. As for the goods purchased during the travel, reimbursement will be settled only when adequate proof of their purchase is submitted by the Insured party.

ARTICLE 4.4 - OBLIGATIONS OF THE INSURED PARTY IN CASE OF AN ACCIDENT

The Insured party will not be entitled to any indemnity if he/she does not report the event producing the damage to the relevant authorities; the original copy of the report will be issued to the Insured party. For all damages that occur during the flight, the report must be done at the special airport office (P.I.R. - PROPERTY IRREGULARITY REPORT). Furthermore, the Insured party must submit a prior request for indemnity to the air carrier and must notify the Company of the original letter of reply by the carrier. The Company will proceed to reimburse the Insured party only after complete documentation necessary for evaluating the damage has been provided.

SECTION 5 – JOURNEY'S CANCELLATION

ART. 5.1 – SUBJECT OF THE ASSURANCE

The Company will indemnify, according to the conditions of this policy, the Policy Holder and only one travel companion, provided that he/she is insured and registered to the same journey; the withdrawing amount due deriving from the cancellation of the touristic services, is determined according to the Contract's General Conditions, as consequence of unforeseen circumstances at the moment of the journey's booking or of touristic services determined by:

- death, illness or accident of the Insured Party or of the travel companion, of their consort / cohabitant *more uxorio*, parents, brothers / sisters, sons, daughters, parents-in-law, son- in - law, daughter- in - law, grandparents, aunts, uncles and nephews up to the 3° of kinship, brothers - in - law, sisters - in - law, co-owner partner of the Insured Party's Company or of the direct superior, of such gravity to induce the Policy Holder not to make the journey because of his/her health's conditions or the necessity to assist the ill or injured above mentioned persons. **The pre-existing illnesses are included in the guarantees. Also the pregnancy – pathologies are included, provided that they occurred after the date of beginning of the insurance.**
- Material damages to the Insured Party's house, office or Company or of his/her relatives that makes his / her presence necessary and undelayable;
- Impossibility of the Insured Party to reach the departure place because of serious natural calamities declared by the competent Authorities;
- Breakdown or accident of the means of transport used by the Insured Party, that prevent him/her from reaching the departure place;
- Summons to Court or summons to juror to the Insured Party, occurred after the booking;
- Theft of the Policy Holder's documents necessary for expatriation, when the material impossibility of their remaking in time for departing is evident.
- Insured Party's impossibility of using the already planned holidays because of a new employment or dismissal by the employer;
- Impossibility of reaching the selected destination because of change of course caused by air-piracy's acts;
- Impossibility of setting out a journey because of date – variation: of the session of school-exams or of qualification of the professional activity or of participation to a competitive state examination;
- Impossibility of setting out the journey when, in the 7 days before the departure of the Policy Holder occurs the loss or theft of his/her animal (dog and cat, regularly registered) or a life-saving surgical operation for an accident or illness of the animal.

In case of accident which involves more Insured Parties registered for the same journey, the Company will reimburse all the relatives having right, and just one of the travel companions, on condition that they're also insured.

ART 5.2 – MAXIMUM COVERAGE, OVERDRAFT, FRANCHISE

The insurance covers up to 8.000,00 € as maximum.

The policy doesn't cover the registration's dues, the expenses of opening/managing a file and the insurance premiums.

For all the events not consequence of illness or accident of the Insured Party, the overdraft is equal to the 10%. In case of cancellation for accident or illness of the Insured Party, a franchise will be applied as follows:

Days between event and departure date	Franchise
Days	Euro
From 0 to 10	200,00
From 11 to 30	180,00
Over 30	150,00

ART 5.3 – INSURED PARTY'S OBLIGATIONS IN CASE OF ACCIDENT/DAMAGE

The Insured Party or who is obliged for him, not later than midnight (12.00 PM) of the day after the day of the event (meaning the occurring of the causes that determine the cancellation of the journey), has to do immediate telephone report at the green number 800894124 or at the phone number 039/9890712 working 24 / 24 hours, or make the complaint on-line on www.nobis.it section "on-line complaints" following the concerning instructions.

The Insured Party is also obliged to communicate the journey's cancellation or the cancellation of the touristic services acquired from the Tour Operator organizer and/or the Travel Agency where the booking has been done.

In case the Insured Party will be in the conditions to renounce the journey because of illness or accident, without hospitalization, the Operation Headquarter will send, with the consent of the Insured Party, its own fiduciary doctor, to certify that the Insured Party's conditions determined



the cancellation of the journey and to allow the opening of the damage-file through the issue of the specially certificate by the doctor. In this case the repayment will be executed applying the franchise as described in art. 5.2. The Company has the right, in case of the above mentioned request by the Insured Party, eventually not to send its fiduciary doctor; in this circumstance the opening of the damage-file will directly be done by the doctor of the Operation Headquarter. Also in this case the repayment will be executed with the application of the franchise mentioned in art. 5.2.

If the Insured Party doesn't allow the Company to send for free its fiduciary doctor in order to certify that the conditions of the Insured Party don't permit him/her to take part to the journey and / or he /her doesn't report the accident within the 24 PM of the day after the day the event occurred (via internet or by phone), the overdraft at his expenses will be equal to the 20%, except in death or hospitalization cases.

Anyway the franchise will be applied, after having deducted the overdraft, as shown in the list at art. 5.2.

The Insured Party has to allow the Company to make all its necessary investigations and checks to define the accident and produce to the Company the complete documentation related to the specific case freeing for this purpose, the Doctors that have visited and treated him / her from the obligation of professional secrecy, if appointed for the exam of this accident.

The default of such obligations and / or in case the Company's fiduciary doctor verifies that the conditions of the Insured Party are not so bad not to permit him / her to take part to the journey, and /or in case of lack of production by the Insured Party of the documents for the Company necessary for the correct evaluation of the repayment's request, may cause the total or partial loss of compensation's right.

IMPORTANT: The compensation for the Insured Party is equal to the withdrawal amount (it means, the penalty provided for by the journey's contract, in case of cancellation of it), calculated at the date when the event occurred, that is when the circumstances occurred, that determined the impossibility of taking part to the journey. The possible greater amount of withdrawal, charged by the Tour Operator as consequence of a delay by the Insured Party in notifying the cancellation of the journey to the Tour Operator will remain charged to the Insured Party.

ART. 5.4 – COMMITMENT OF THE COMPANY

In case the Insured Party notifies by telephone the claim within midnight (12 PM) of the day after the day of the accident, the Company undertakes to pay off the damage within 45 days from the date of the report, under condition that the complete documentation arrives within the 15th day from the day of the complaint. If, for any reasons due to "Nobis Compagnia di Assicurazioni", the damage's paying-off occurs after 45 days, a legal interest (composed) will be recognized to the Insured Party, calculated on the amount to be paid-off.

ART. 5.5 – RIGHT OF TAKING OVER

For each journey cancellation, as in art. 5.1 – Subject of the Assurance-, subject to withdrawal's remuneration over the 50%, the Insured Party recognizes specifically that the property and any right connected to the same is transferred to the Company, that might use it freely on the market acquiring definitely and without any claims for compensation by the Insured Party, the possible remunerations that might follow from it.

SECTION 6 – JOURNEY'S CANCELLATION FOR DELAYED DEPARTURE

ART. 6.1 SUBJECT OF THE ASSURANCE

The Company will repay the Insured Party the 75% of the participation fee for the (registration - / file – opening fees, reimbursable airport taxes, visas and insurance premium excluded) if the Insured Party does decide not to take part to the journey because of a delay of flight, in the departure day, at least of 8 hours. The Insurance intervenes in case of flight – delay, in the departure day, calculated on the basis of the official time communicated to the traveller with the information paper or by convocation fax, due to reasons attributable to the flight Company or to the Tour Operator or to force majeure as strikes, airport obstruction, or bad weather conditions.

Art. 6.2 – EXCLUSIONS AND SPECIFIC LIMITATIONS FOR THE JOURNEY'S CANCELLATION GUARANTEE

The guarantee is not effective when the scheduled flight is definitely cancelled and not re-protected and when the scheduled return date, as per initial reservation, is postponed. Reimbursement is assured only in cases of variation of the departure time that has not been officialised by the Flight Company or by the Tour Operator within 24 hours before departure.

SECTION 7 – JOURNEY'S REPETITION

ART. 7.1 – SUBJECT OF THE INSURANCE

The Company provides the Insured Party and his/her relatives, travelling with him/her, if insured themselves, an amount equal to the value in pro-rata of the not-enjoyed stay by the Insured Party for the following events:

- Use of the services "Organized Sanitary Transport", "Transport of the corpse" and "Anticipated Return" which determine the return of the Insured Party at the residence;

- Death or hospitalization for more than 5 days of a relative of the Insured Party
- Death or hospitalization for more than 24 hours of the Insured Party.

The amount will be at disposal of the Insured Party only for the purchase of a journey organized by the Contractor. The Amount, in pro-rata, not transferable and not refundable has to be used within 12 months from the return date.

SECTION 8 – FLIGHT'S DELAY

ART. 8.1 – SUBJECT OF THE ASSURANCE

In case of departure's delay of the departure and return flights (delays during the intermediate stopovers and/or connections excluded) of more than 8 complete hours the Company liquidates the Insured Party an indemnity for a maximum of 80,00 €.

The calculation of the delay will be done according to the effective departing time as officialised by the carrier, compared to the last departure time – update officially communicated by the Contractor to the Insured Party in the local travel agency or local correspondent, until 6 hours before the estimated departure time.

The guarantee is valid for delays for any reason except for events consequence of known strikes, scheduled until 6 hours before the scheduled departure time.

The Contractor and the Insured Party undertake to pay the Company the regained amounts from any subject or institution in relation to the events objects of the coverage. The guarantee is operating only if the travel tickets have been issued by the Contractor.

ART. 8.2 – SPECIFIC EXCLUSIONS AND LIMITATIONS FOR THE GUARANTEE INDEMNIFICATION FOR FLIGHT DELAY

The guarantee is not valid when the scheduled flight is definitely cancelled and not re-protected and the scheduled return date, resulting from the initial reservation, is postponed. The guarantee is not valid if the Insured Party decides to give up the journey using the eventual guarantee "Journey's cancellation for delayed departure".

SECTION 9 – LEGAL PROTECTION

ART. 9.1 – SUBJECT OF THE INSURANCE

The Company bears at its own expenses, according to the limits of the maximum coverage for Insured Party that corresponds to 2.600,00 € and on the conditions provided by this policy, the judicial and extrajudicial expenses as follows:

- the expenses for the intervention of a lawyer
- expert's expenses
- litigation costs in criminal proceedings
- the costs for the lawyer of counterparty, in case of authorized transaction by the Company, or the ones of condition of losing party, in case of conviction of the Insured Party, just and only in case of not intentional events, happened abroad, and occurred in relation to the participation of the Insured Party to the journey and / or stay and more precisely for:
 - damages suffered by the Insured Party for third parties' events or illegal acts;
 - File a denunciation charge, with following civil action in criminal proceeding;
 - Litigations for damages caused to third parties as result of events or acts of the Insured Party or of Persons for which he / her is responsible according to the provisions provided by law.
 - Criminal defence for culpable offence or infractions for actions committed or blamed for;

ART. 9.2 – EXCLUSIONS AND SPECIFIC LIMITATIONS FOR THE GUARANTEE OF LEGAL PROTECTION

Besides the exclusions provided by the common rules for guarantees, are excluded from guarantee:

- payment of fines, penalties and in general sanctions
- Taxes (documents' stamping, costs for judgments' and in general acts' registrations, etc.)
- administrative, fiscal and taxation law litigations' costs
- costs for litigations of contractual nature, relating to the insurance or travel contract against the Company and the Contractor.

ART. 9.3 – REPORT OF THE ACCIDENT/ DAMAGE

The Insured Party has to give the Company with the complaint all the necessary documents and acts, a detailed description of the fact that has originated the accident, and also all other necessary elements. Anyhow the Insured Party has to pass the Company, with utmost urgency, the judicial acts on, and anyway every other communication related to the accident.

ART. 9.4 – MANAGEMENT OF THE ACCIDENT

After having done the Company accident report, the Insured Party appoints an attorney to protect his interests, who will be chosen by him / her among



the ones practicing in the surroundings of the Court, where he resides in or the seat of the competent judicial offices is, giving the Company immediately notice of the full name. Acknowledged the designation of the lawyer the Company bears the related expenses. The Insured Party is not allowed to give effect to legal proceedings, come to agreements nor to transactions during the proceeding without the Company's approval, on pain of reimbursement of the expenses born by the Company. The Insured Party has to pass all necessary documents – related to the accident – on, with utmost urgency, to the attorney chosen by him/her regularizing them at his/her own expenses according to the fiscal regulations in force. Copies of these documents and of all legal acts prepared by the lawyer have to be sent to the Company. Regarding the costs for the levy, the Company indemnifies the Insured Party for the first two attempts. In case of disagreement between the Insured Party and the Company about the management of the accidents, the decision will be taken by an appointed arbitrator in accordance by the parties or, without agreement, by the President of the competent Court. Each party will pay half of the arbitrator's costs, whatever the result of the arbitration is. The Company will inform the Insured Party about its right to make use of this procedure.

SECTION 10 – TORT LIABILITY

NON OPERATING GUARANTEE

SECTION 11 – VEHICLE'S ASSISTANCE

NON OPERATING GUARANTEE

SECTION 12 – HOME ASSISTANCE

The service activities not inserted in the insurance guarantees are offered for free

The following performances for the Insured Parties begin from the registration day and are valid only in Italy for 365 days.

Art. 12.1 – PHONE MEDICAL CONSULTATIONS

The Company through the Operation Headquarter provides 24 hours on 24 its services of emergency medical service for any medical health information or suggestion.

Art. 12.2 – SENDING OF A DOCTOR IN CASE OF EMERGENCY

Through the Operation Headquarter the Company provides in night hours and 24 hours on 24, on Saturday and holidays its medical service that guarantees the accessibility of general practitioner, paediatrician and cardiologists ready to intervene on request. Calling the Operation Headquarter and after a first phone diagnosis with the internal general practitioner, the Company will send the requested doctor for free.

In case of immediate unavailability of a doctor and if the circumstances make it necessary, the Company organizes the transfer of the patient at its expenses, with an ambulance in a first aid. The Company will promptly inform the Policy Holder about the relative's health conditions updating promptly these information until the return of the Policy Holder from the journey.

Art. 12.3 – AMBULANCE TRANSPORT

Through the Operation Headquarter, in case the patient needs an ambulance transport, will the Company organize at its expenses the transport, sending directly the ambulance and bearing the transport expenses to a maximum of 200 km of total distance (going there and back).

Art. 12.4 – DRUGS' HOME DELIVERY

The Operation Headquarter provides its database of health network with agreement. When the patient needs information or an appointment for clinical tests or hospitalization he/her just needs to contact the Operation Headquarter. For specific requirements concerning the kind of exam or test to be done, the day and hour desired, the area and the price, will the Operation Headquarter using the database, the centres and / or doctors with agreement that correspond to the patient's necessities and in virtue of the preferential access' channels fix an appointment for and on behalf of the patient.

Art. 12.5 FREE APPOINTMENT MANAGEMENT

The Operation Headquarter makes available its database for the health network with agreement. When the patient needs information or an appointment for a test, check or hospitalization, he just needs to contact the Operation Headquarter. Depending on the specific requirements, concerning the type of test or check to be done, day, hour, zone and price desired, the Operation Headquarter selects, using the database, doctors and or centres with agreements that correspond to the patient's necessities and in virtue of the preferential access' channels fix an appointment for and on behalf of the patient.

Art. 12.6 – HEALTH NETWORK WITH AGREEMENT

The Operation Headquarter, through agreements with clinics, polyclinics, surgeries, health facilities usually nation-wide, guarantees the use of this network for specialist examinations, diagnostic or laboratory tests and hospitalizations at agreed and discounted prices, with a preferential access' channel.

PROVISIONS APPLICABLE TO ALL GUARANTEES

ARTICLE 1 – EXCLUSIONS AND LIMITS APPLICABLE TO ALL GUARANTEES

No service will be provided for accidents that occur during or arising out of:

- wars, revolutions, riots, popular demonstrations, pillages, acts of terrorism or vandalism, strikes;
- earthquakes, flooding and other adverse weather conditions declared natural calamity, events occurred in connection with energetic adjustments or transformation of atoms, both natural and induced artificially. This exclusion does not apply to single cases, such as when weather hazards and social emergencies are not officially defined as such;
- fraud committed by the contracting or Insured party;
- travels against medical advice or, anyway, during a serious illness or for the purpose of undergoing medical/surgical operations;
- illness due to chronic or pre-existing diseases that the insured party was already aware of when he subscribed the policy. Relapses of pre-existing diseases, that were not predictable upon the reservation of touristic services or of the journey, are included;
- illness that may be connected with pregnancy complications beyond the 24th week;
- voluntary abortion, organ explants and/or transplants;
- non-therapeutic use of medicines or drugs, alcohol or drugs addiction, HIV-related diseases, AIDS, mental diseases and cerebral organic syndromes;
- sports activities, such as: mountain climbing including climbs exceeding the third degree, free climbing, ski-jumping and water ski-jumping, freestyle or extreme skiing, off-run skiing, bobsleighting, river canoeing exceeding the third degree, rafting, kite-surfing, hydrospeed, fongee jumping, parachuting, hang-gliding, air sports, boxing, wrestling, football, rugby, ice hockey, scuba diving, weightlifting. The following sports are included, provided that they are performed solely for leisure purposes: scuba diving, off-run skiing if authorized by relevant authorities, bobsleighting, rafting and kite-surfing
- acts of imprudence;
- professional training for sports; participation in sports competitions, including trainings and trials supported by sports associations; competitions connected with leisure and/or games are included and considered as insured;
- racing with cars, motorcycles, motor-boats including water scooters, bobsleights and relevant trainings and trials, unless connected with leisure;
- infectious diseases if the intervention of assistance is prohibited by national or international health provisions;
- activities implying any direct use of explosives or firearms;
- events that occur in countries subject to wars where no assistance can be provided.

ARTICLE 2 - EXCLUSION OF ALTERNATIVE COMPENSATION

Should one or more services not be rendered to the Insured party, the Company will not indemnify the insured party for the non-rendered services, nor supply any alternative services as compensation.

ARTICLE. 3 - EFFECTIVENESS, APPLICABILITY AND DURATION OF GUARANTEES

The journey's cancellation insurance begins the day of registration to the journey or from the adherence to the policy by payment of the insurance premium by the Policy Holder and/or the Contractor and ends the departure day when the Insured Party begins to use the first touristic services provided by the Contractor.

The other guarantees begin from the journey's departure day (namely the date of the beginning of the touristic services purchased) and end when these finish, in any case at the 60th day from the date of the beginning of the journey with exception of those guarantees provided by the specific rules indicated in the single sections.

ARTICLE 4 - OBLIGATIONS OF THE INSURED PARTY IN CASE OF AN ACCIDENT

In case of an accident, the insured party must contact the company by telephone and in writing and must notify the company of the event in compliance with the requirements of each guarantee. Should the Insured party not meet his/her obligations, the indemnity may be reduced or cancelled pursuant to article 1915 of the Italian Civil Code.

ARTICLE 5 - TERRITORIAL EXTENSION

The insurance is valid in the country or in other countries where the travel is carried out as reported in the policy and where the Insured party has had the accident to be indemnified. Should the travel be made by plane, train, coach or ship, the insurance will be valid from the point of departure (airport, railway station, etc. of the organized travel) to the point of arrival at the end of the journey.

In case of travel by car or by other means than the above-mentioned ones, the insurance will not apply to distances within 50 km from the place of residence.

ARTICLE 6 - DAMAGE PAYMENT CRITERIA

The payment of any contractually due sum will be made upon submission of the relevant original bills as duly receipted. Upon request by the Insured party, the Company will return the above-mentioned original documents, with an indication of the date of payment and the amount paid.



If the Insured party submits the original bills to any third party in order to obtain a reimbursement, the Company will pay any contractually due sum on the basis of the evidence of the expenses effectively incurred, after the amount already charged to any third party. Any reimbursement will be made in Euro only.

The Company will indemnify the Insured party only after submission of all the documents required for evaluation of the damage.

ARTICLE 7 - CONTROVERSY

Damages will be evaluated by the Company after direct settlement between the parties or, failing such a settlement, they will be defined by two experts respectively appointed by the parties. Failing settlement between the experts, they will appoint a third expert. Should either party fail in appointing its own expert or should the experts fail in agreeing upon the appointment of a third expert, the appointment will be carried out by the President of the Court having jurisdiction for the place where the company has its headquarters. Each party will be charged with the expenses for the relevant expert and with half of the expenses for the third expert. Resolutions will be issued by a majority, but no legal formality is required; resolutions will be binding for the parties, who hereby agree to waive any act of impugnation, except in the presence of cases of violence, fraud, error or breach of contractual obligations.

ARTICLE 8 – APPLICABLE LAW AND JURISDICTION

The parties hereby agree that this policy and any dispute arising thereof will be regulated in compliance with Italian law.

ARTICLE 9 - FURTHER DOCUMENTS REPORTING THE ACCIDENT THAT MUST BE SUBMITTED

The Insured party expressly agrees that Nobis Compagnia di Assicurazioni is entitled, to simplify the payment of damages, to demand the submission of documents in addition to the ones required under each single guarantee/insurance.

The non-submission of documents, regarding individual cases, may reduce or cancel the reimbursement.

ARTICLE 10 – OBLIGATIONS OF THE CONTRACTING PARTY

The Contracting party commit itself to:

- insure with this policy all the customers that will buy a travel organized by themselves;
- deliver at all Insured parties, in print and before the signing of the agreement, the Terms of Insurance relating to this policy and its glossary;
- publish in catalogs the synthesis of the insurance coverage provided by this policy.

HOW TO REQUEST ASSISTANCE

Assistance

In case of an accident please contact the alarm center of the company IMMEDIATELY, which operates 24 hours a day seven days a week, at the following toll-free number from Italy:

800.894123

- If you call from a foreign country you can contact the alarm center by calling the **number + 39 039 9890702**
- Please communicate the following information:
- Name and Surname
- Number of Policy **6002002601/X**
- Reason for the Communication
- Telephone number and/or address where you can be contacted..

WHAT TO DO IN CASE OF AN ACCIDENT

Other Guarantees

All accidents must be reported as follows:

- **by internet** (on the web site www.nobis.it under the section "On-Line Report") in compliance with the instructions provided.
- **by telephone calling number +39. 039. 9890702**

Correspondence and documents must be sent to:

Nobis Compagnia di Assicurazioni S.p.A.
Ufficio Sinistri
Viale Colleoni , 21 – Centro Colleoni
20864 AGRATE BRIANZA (MB)

Based on the general provisions and the provisions applying to each single insurance service, damages must be notified in detail and, in order to speed up the payment, the report of the accident must be attached to the following documents that are required for each single insurance service::

IN CASE OF MEDICAL EXPENSES

- Medical certificate issued by the emergency room of the place where the accident occurred reporting the sickness, prescriptions, prognosis and medical diagnostic; the certificate shall report the kind and seriousness of the sickness and/or of the accident occurred;
- In case of hospitalization, a complete copy of the medical report;

- Medical prescription and original invoices, receipts and bills for the medical expenses met;
- Medical prescription for any purchase of medicines, with the original receipts of purchased medicines.
- Number of the policy.

IN CASE OF STOLEN OR DAMAGED LUGGAGE

- Plane ticket (with luggage tag);
- Report stamped by the police of the place where the event occurred, indicating the circumstances of the accident and the list of stolen items, their value and the date of purchase;
- Claim submitted to the carrier or to the hotel owner, if responsible;
- Written claim submitted to the carrier reporting the request of reimbursement and written reply;
- Invoices, bills of purchased or lost goods (otherwise, list, date and place of purchase and value thereof);
- Documents supporting the expense met for making new identity cards, if any;
- Invoices for the repair or statement of impossible repair of damaged goods reported on the official paper of a car dealer or of an expert of the industry.
- In case of non return and/or damages to the whole luggage or part of it as returned by the carrier, the P.I.R. (property irregularity report) issued by the airport office;
- Number of the policy.

IN CASE OF JOURNEY'S CANCELLATION

- in case of illness or accident, medical certificate certifying date of injury or beginning of illness, the specific diagnosis and the days of prognosis;
- in case of hospitalization, copy of the case sheet;
- in case of death, the death certificate;
- in case of accident of the transportation's vehicle, accident report (C.I.D) and/or policeman's verbal;
- bank statement of journey's booking confirmation;
- invoice of the charged penalty
- journey's plan and regulation;
- receipts (account, full payment, penalty) of the journeys' payment;
- journey's documents
- journey's booking contract;

In case of charged penalty by the air carrier:

- confirmation of the ticket's purchase or similar document;
- ticket's payment's receipt;
- declaration of the air carrier certifying the charged penalty;
- original airplane's ticket.

IN CASE OF TORT LIABILITY

- detailed facts' description that have determined the third parties' damage and copy of the filed denunciation presented to the competent authority;
- request of compensation for damages by the damaged third party;
- Possible photographic documentation of the goods or of parts of damaged goods.

IN CASE OF AIRPLANE DELAY

- journey's contract subscribed in the agency;
- booking (or registration) statement of account of the Tour Operator;
- last convocation paper;
- possible declaration of the carrier about the airplane delay;
- airplane tickets and boarding cards.

Important!

In any case of accident, the insured party shall notify to the company all the documents required and the references of his/her bank account for the payment of the reimbursement of indemnity (number of bank account, bank, address, number of branch, ABI, CAB and CIN codes).

For any claim, please contact:

Nobis Compagnia di Assicurazioni S.p.A.
Ufficio Reclami
Centro Direzionale Colleoni
Viale Colleoni , 21
20864 Agrate Brianza – MB - fax 039/6890432 - reclami@nobis.it

In case of non reply, please contact:

IVASS – Servizio Tutela degli Utenti
Via del Quirinale, 21
00187 ROMA (RM)

