



Student Insurance Package

Policy Conditions No. 1.13



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Important

In the event of hospital admission in the Netherlands, you should first contact:

Aon Hewitt | Consulting
Tel: +31 (0)10 4488270
Fax: +31 (0)10 4488724
students@aon.nl

If you need to visit a health care provider in the US, you should first contact:

GMMI (24 hours/7 days a week)
Tel: 1 800 682 6065 (free of charge within the US)
Fax: +954 370 8130
www.gmmusa.com

Billing address:

GMMI
1300 Concord Terrace, suite 300, Sunrise, Florida 33323 USA

In the event of hospital admission worldwide, with the exception of the US and the Netherlands, you should contact the following in advance:

Eurocross
Tel: (+31) (0)71 3641873.

Keep the following information ready when you call:

- Patient's name
- Patient's policy number
- Patient's contact details
- Contact details of the hospital

Failure to comply with the obligation to contact the above organizations in advance may lead to (partial) rejection of the claim.

1 Definitions and general conditions

This contract meets the requirement of uncertainty, within the meaning of Article 7:925 of the Dutch Civil Code, if and to the extent that the damages suffered by the insured or a third party/third parties, for which compensation is claimed from the Insurer or the insured, are the result of an incident regarding which it was uncertain at the time when the insurance was contracted that this had caused damages to the insured or to a third party/third parties, or would still do so in the normal course of events. Damages that do not meet the aforementioned uncertainty requirement are not covered. The only consequence of the absence of uncertainty is that the relevant damages are not covered; the insurance remains fully in effect.



1.1 Definitions of terms

1.1.1 Policyholder

The institution/organisation that has issued the insurance certificate or the person who applied for the insurance on his or her own account.

1.1.2 Insurance certificate

The document issued to individual persons who qualify for insurance.

1.1.3 Qualifying persons

All persons and their family members, regardless of nationality, who have applied for a recognised course of study or training placement or who temporarily teach abroad qualify for this insurance.

1.1.4 The insured

The person whose details are shown on the insurance certificate.
The insurance cannot be transferred to third parties.

1.1.5 Broker

Aon Hewitt, Consulting, Nederland.

Postal address

PO Box 1005

3000 BA Rotterdam

Office address

Admiraliteitskade 62

3063 ED Rotterdam

E-mail: students@aon.nl

Website:

www.aonstudentinsurance.com

1.1.6 Insurer

AEGON Schadeverzekering N.V. (55%) and ACE European Group Limited (45%) for the medical expenses (Section 2), accidents (Section 3), extra costs and assistance (Section 4), liability (Section 5), home contents and baggage (Section 7). ACE European Group Limited for the legal aid section (Section 6).

1.1.7 Authorised representative

The authorised party is Jacobs & Brom.

1.1.8 (Semi-)professional sport

Sport played (partly) as a means of earning income.

1.1.9 Home country

The country where the insured has established the centre of his or her living interests and to which, in principle, the insured will return after the period of the stay.

1.1.10 Destination country

Each country to which the insured travels in connection with a course of study, teaching or a training placement, with the exception of the country of origin.



1.2 Premium payments

- 1.2.1 The policyholder must pay the premium, including costs and insurance tax, before the due date.

If the policyholder fails or refuses to pay the initial premium by the 30th day following the request for payment, no cover will be provided for any incidents taking place thereafter, with no need for further notice of default by the Insurer. If the policyholder refuses to pay subsequent premiums, no cover will be provided in relation to incidents occurring thereafter. If the policyholder fails to pay subsequent premiums on time, no cover will be provided in relation to incidents taking place after the 15th day following that on which Insurer issues a written warning to the policyholder after the due date and no payment has been received.

The policyholder remains obliged to pay the premium. Cover for incidents taking place after the due date is resumed after the date on which the Insurer receives the amount in full owed by the policyholder. In the event of payment plan, the cover is resumed only after all unpaid instalments are settled. 'Subsequent premiums' also refers to the amounts payable by the policyholder on renewal of the insurance policy.

'Initial premium' also refers to the premium payable by the policyholder in connection with a change in the insurance policy before the expiration date.

1.3 Premium refunds

- 1.3.1 Duration of the insurance

The insurance is effective only within the term shown on the insurance certificate. The cover of the insurance commences at midnight CET and will end at 23.59 hrs. CET. The insurance will also be terminated with immediate effect if the insured no longer qualifies for the insurance.

1.4 Term of the insurance

The insurance is effective only within the term shown in the insurance certificate. The cover of the insurance commences at midnight CET and will end at 23.59 hrs. CET. The insurance will also be terminated with immediate effect if the insured no longer qualifies for the insurance.

- 1.4.1 The cover of the insurance commences as soon as the insured leaves the address in the home country in accordance with the period shown in the insurance certificate.

- 1.4.2 The cover of the insurance ends on the expiration date shown in the insurance certificate or on the earlier date on which the insured returns to the address in the home country, with the exception of the provisions of paragraphs 1.4.3 and 1.4.4.

to the extent that this temporary stay concerns a visit to family, holiday or an incident for which

- 1.4.3 The cover for the Medical Expenses module remains in effect during a temporary stay in the Home Country and during a holiday outside the country of study for a period of at most eight consecutive weeks, starting on the day on which the Insured Party entered the Home Country, cover is provided in the section on extra costs and assistance. The cover is also effective during a training placement in the home country, for a maximum of nine months.



- 1.4.4 If the insured returns to the home country on a permanent basis, the insurance for the medical expenses section remains effective until the insured has contracted health insurance for a maximum term of 14 days, provided that these 14 days fall within the term of the insurance.
- 1.4.5 The period referred to in Article 1.4.4 will lapse automatically on the date on which the insured has contracted health insurance or can claim government cover.
- 1.4.6 The insurance can be renewed prior to the expiration date if and for as long as the insured qualifies for the insurance.

1.4.7 Termination of the insurance

• The insurance can be terminated through written cancellation by the Insurers:

Within 60 days from the discovery that the policyholder failed to comply with the reporting obligation on contracting the insurance and deliberately acted here with the aim of misleading the Insurers or if the Insurers would not have contracted the policy if the policyholder had provided the correct information. In such cases, the insurance is terminated on the date shown in the cancellation letter. The Insurers reserve the right to cancel the insurance within 30 days of an insured notifying the Insurer of an incident that could lead to an obligation for the Insurer to pay benefits, or after the Insurer has paid or rejected a claim for benefits under the insurance policy. The insurance is terminated on the date shown in the cancellation letter, but no earlier than 60 days after the date of the cancellation letter, unless the cancellation concerns a deliberate attempt by the insured to mislead the Insurer.

• Through written cancellation by the policyholder:

Within 60 days of the Insurers invoking non-compliance with the policyholder's reporting obligation on contracting the insurance. The insurance is then terminated on the date of the cancellation letter. The policyholder has the right to cancel the cover in writing within 30 days of the insured reporting an incident to the Insurer that could lead to benefit obligations for the Insurer, or after the Insurer has paid or rejected a claim for benefits under the insurance policy. The insurance is then terminated on the date shown in the cancellation letter, but no earlier than 30 days after the date of the cancellation letter.

1.5 Area of coverage

The insurance is effective world-wide.

1.6 Obligations of the insured

1.6.1 Reporting and limitation of damages

As soon as an insured is aware of an incident that could lead to an obligation for the Insurer to pay benefits, the insured is required:

- a. to report the incident to the broker as soon as reasonably possible, accompanied by all details concerning the damage;
- b. to refrain from any action from which acknowledgement of blame could be deduced and to send all letters and other documents to the broker within a reasonable term;
- c. to do everything possible to reduce or limit the damage;
- d. to provide the broker, within a reasonable term, with the fully completed and signed damage

- report form, accompanied by e.g. referral letters, doctor's notes, legible bills;
- e. to provide full cooperation and to refrain from any action that could harm the interests of the Insurer;
- f. to report all damages concerning medical expenses of EUR 2,250 or more to the broker in advance. All other damages should.

1.7 General exclusions

No right to compensation exists for costs, damages, accidents or losses relating to:

- 1.7.1 **Wilful damage/acts of war**
Relating directly or indirectly with, or caused by or arising through armed conflict, civil war, rebellion, civil unrest, rioting and mutiny. These terms are defined as in the definitions of terms filed by the Association of Insurers in the Netherlands with the registry of the District Court of The Hague on 2 November 1981;
- 1.7.2 **Hijacking/strikes**
Relating directly or indirectly to, or caused by the participation of the insured in, or deliberate attendance of hijacks, strikes, rebellions or acts of terror;
- 1.7.3 **Drugs**
Through the abuse of alcohol or the use of medicines, intoxicants, narcotics or stimulants, other than on medical prescription;
- 1.7.4 **Nuclear reactions**
Through or in connection with nuclear reactions, other than as a result of medicinal treatment;
- 1.7.5 **Non-compliance with obligations**
The insurance policy provides no cover if the insured has failed to comply with one or more obligations, if and to the extent that this harmed the interests of the Insurer. All rights to benefits lapse if the insured failed to comply with one or more obligations with the intent of misleading the Insurer, unless such misleading information does not warrant the withdrawal of such rights;
- 1.7.6 **Intent**
Attributable to malicious intent on the part of the insured or a person with an interest in the benefits;
- 1.7.7 **Incorrect presentation**
If the insured or a party with an interest in the benefits misrepresented the position or made an untruthful statement, if the insurance would not have been contracted for the same premium and/or on the same conditions if the correct information had been provided;
- 1.7.8 **Deliberate provision of incorrect information**
If the insured or a party with an interest in the benefits has deliberately provided incorrect information, if the insurance would not have been contracted for the same premium and/or on the same conditions if the correct information had been provided;



1.7.9 Sports

During or in connection with sports carrying an extra risk of accidents, playing (semi-)professional sports, inter-collegiate sports and in relation to sports fairs.

1.8 Claim procedure

Medical expenses

- If you have paid medical expenses in advance, you should complete the Medical Expenses Claim Form, which can be downloaded from our website www.aonstudentinsurance.com, adding the original bills. If medical expenses related to psychotherapy or long-term physiotherapy or the treatment of a chronic illness, an indication and treatment plan by the treating physician should also be presented.
- Claim forms can be sent to:
Non-Life Department, Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.
- N.B. The costs of consulting a GP are covered at the walk-in rate. Registration charges are not reimbursed.
- Claim forms can also be sent by e-mail to students@aon.nl. You should then keep the original documents for one year after they are dispatched. Aon reserves the right to request these original documents from you.

In the event of hospital admission in the Netherlands, you should contact the following in advance:

Aon Hewitt | Consulting
Expatriate Services
Tel: +31(0)10 448 82 70
Fax: +31(0)10 448 87 24
students@aon.nl

If you need to visit a health care provider in the US, you should contact the following in advance:

GMMI (24 hours/7 days a week)
Tel: 1 800 682 6065 (free of charge within the US)
Fax: +954 370 8130
www.gmmusa.com

Billing address:

GMMI
1300 Concord Terrace, Suite 300
Sunrise, Florida 33323 USA

In the event of hospital admission worldwide, with the exception of the US and the Netherlands, you should contact the following in advance:

Eurocross
Tel: +31 (0)71 3641873.

Accidents

- In the event of decease or permanent invalidity as a result of an accident, you or a close relative should report this to Aon by telephone or e-mail as soon as reasonably possible. In the event of the decease of the insured, this must be reported to the company as soon as reasonably possible,



and in any event at least 48 hours before the burial or cremation. In the event of your decease, Aon will ask your relative for a death certificate or other evidence of decease and a statement of the person to whom the death benefits should be paid. Aon will send on the claim to the Insurer Aegon Schadeverzekering N.V., which will perform the further processing of the claim.

Extra costs (alarm centre)

- If you suffer a serious illness or accident requiring assistance from the home country with evacuation, repatriation, transportation of a body or a necessary early return to your home country, you should contact Eurocross, which is available 24 hours a day. Eurocross can be contacted on the following telephone number: **+31 (0)71 3641873**. Keep your policy number ready when you call. Eurocross will also ask you for a medical statement supporting your request for assistance. If the costs are covered, Eurocross will provide for the booking of tickets and the costs of these.
- If you have paid extra travel and/or accommodation expenses in advance, you should complete the General Claim Form, which can be downloaded from the website (www.aonstudentinsurance.com). This should be accompanied by the original (legible) tickets and supporting documents. The claim form should also state the reason for the examination/admission.
- Claim forms can be sent to:
Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.
- Claim forms may also be sent by e-mail to students@aon.nl. You should then keep the original documents for one year after they are dispatched. We reserve the right to request these original documents from you.
Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.

Liability

- In the event of liability, complete the General Claim Form, which can be downloaded from the website at www.aonstudentinsurance.com. If there is not sufficient space for a detailed description of the damages, add a description on a separate sheet. Never admit liability.
- Claim forms can be sent to:
Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.

Legal aid

- If you wish to claim legal aid, you should report this to the broker as soon as reasonably possible, by telephone or e-mail (students@aon.nl) to the Broker.

Home contents and baggage

- In the event of damage, loss, theft, burglary, extortion or mugging, always report this to the local police and request a copy of the statement;
- In the event of damage, loss, theft or mugging at an airport, always report this to the airline staff and have a confirmation of the report drawn up;

- In all other cases, you should report the incident to the competent authorities.
- Fill in the General Claim Form, which can be downloaded from the website at www.aonstudentinsurance.com, in full. If there is not sufficient space for a detailed description of the damages, add a description on a separate sheet.
- It is important to provide a detailed description of how the damages arose, as well as a statement of the location, date and time of the loss. Send purchase receipts and repair bills. State the cost, type and purchase date of the lost baggage. If a damaged item cannot be repaired, a statement from a retailer confirming this should be provided.
- Claim forms can be sent to:
Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.
- Claim forms may also be sent by e-mail to students@aon.nl. You should then keep the original documents for one year after they are dispatched. We reserve the right to request these original documents from you.
Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.

1.8.1 Other insurance

If a claim could be made for benefits on the grounds of any other law or other provision or contract if this insurance did not exist, this insurance only provides secondary coverage. If the insured claims compensation for damages from the Insurers, the Insurers will assess and settle the damages, provided that it is covered. The Insurers shall then claim the damages elsewhere.

- 1.8.2 In the event of damages, the policyholder is required to report all other known insurance policies under which (part of) the insured property was also insured immediately before the incident to the Insurers on request.

- 1.8.3 Article 1.8.1 shall not apply for the section on accidents.

1.9 Limitation term

A claim for benefits in any event lapses if it is not reported within three years of the date on which the insured or the party with an interest in the benefits became aware, or could have become aware of the incident that could give rise to an obligation for the Insurer to pay benefits.

1.10 Data protection

The information provided on contracting of this insurance and any further personal details to be provided may be recorded in a file of personal data managed by the Insurers. The data may also be issued to third parties (e.g. GPs, pharmacists, etc.) in order to determine whether the insured is actually insured. Such third parties only have access to the data needed in order to perform their task. The Dutch Data Protection Act (WBP) applies to the above operation of the data.

1.11 Address

Notifications of the insured by the Insurer take place lawfully to the most recent of the insured known to the broker (e-mail and/or residential address), or to the address of the policyholder. The insured is required to report any change of (e-mail and/or residential) address to Aon Hewitt, Expatriate Services via the website at www.aonstudentinsurance.com and/or via the policyholder, if this is not the insured.

1.12 Precedence of the conditions

Where the conditions of this insurance, or an extract of these, have been issued in a language other than Dutch, the conditions in Dutch shall take precedence.

1.13 Applicable law

The contract is governed by Dutch law. The competent institution is the District Court of Rotterdam.

1.14 Complaints

If you are not satisfied, you can let us know in various ways.

- If you are not satisfied with our service, you can let us know in various ways.

- Aon Hewitt, Consulting

You can contact us at any time. Problems can then usually be solved quickly and satisfactorily. You can send an e-mail to students@aon.nl or send your complaint to the following address:

Aon Hewitt, Consulting, PO Box 1005, 3000 BA Rotterdam.

- In writing

You can submit your complaint in writing to The Management, Aon Nederland bv, PO Box 518, 3000 AM Rotterdam.

- Online

Our website also offers you the possibility of responding. You can do this via our online complaints form, which can be found at www.aon.nl.

If you are still not satisfied

Experience shows that most complaints are settled satisfactorily by Aon. If we cannot reach a satisfactory solution together, you can submit your complaint to the independent Financial Services Complaints Institute (KIFiD), PO Box 93257, 2509 AG The Hague, Tel. 0900-fklacht or 0900-3552248 (EUR 0.10 p.m.), e-mail: info@kifid.nl; website: www.kifid.nl. You can also file a complaint with the Civil Court in the Netherlands.

1.15 Clauses sheet Terrorism Cover

Issued by the Nederlandse Herverzekingsmaatschappij voor Terrorismeschaden N.V. (NHT)

1.15.1 Definitions of terms

Unless otherwise stated, the following definitions apply for the terms in this clauses sheet and the provisions based on this:

1.15.1.1 Terrorism

Violent actions and/or conduct – outside the context of one of the six forms of wilful damage/acts of war mentioned in Article 64(2) of the 1993 Financial Supervision Act (WFT) - in the form of an attack or a series of attacks that are related in terms of time and objective, resulting in injury and/or harm to health or decease, and/or damage to property or other harm to economic interests, in which it can reasonably be assumed that this attack or series of attacks, in an organisational relationship or otherwise, was planned and/or performed with a view of realising certain political and/or religious and/or ideological goals.

1.15.1.2 Malicious infection

The (provision for) the circulation - outside the context of one of the six forms of wilful damage/acts of war mentioned in Article 64(2) of the 1993 Financial Supervision Act (WFT) - of pathogens and/or substances that, as a result of their direct or indirect physical, biological, radioactive or chemical effects, can cause injury and/or harm to health, if not death, to humans or animals and/or can cause damage to property or harm economic interests in other ways, in which it can reasonably be assumed that the (provision for) circulation, in an organisational relationship or otherwise, was planned and/or performed with a view of realising certain political and/or religious and/or ideological goals.

1.15.1.3 Preventive measures

Measures taken by the government and/or insureds and/or third parties to avert an immediate threat of terrorism and/or malicious infection or – if this risk has materialised, to limit the consequences.

1.15.1.4 Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschaden N.V.

A reinsurance company formed by the Association of Insurers in the Netherlands, through which Insurers admitted in the Netherlands can reinsure their liabilities to pay benefits arising directly or indirectly from the materialisation of the risks described in Articles 1.16.1.1, 1.16.1.2 and 1.16.1.3..

1.15.1.5 Insurance contracts

- a. The provisions of Article 1(1o) of the 1993 WFT relating to risks located in the Netherlands.
- b. Life insurance contracts, to the extent that these are contracted with a policyholder normally resident in the Netherlands or, if the policyholder is a legal person, with the establishment of the legal person in the Netherlands to which the insurance relates.
- c. Contracts for funeral insurance with in-kind benefits contracted with a policyholder normally resident in the Netherlands or, if the policyholder is a legal person, with the establishment of the legal person in the Netherlands to which the insurance relates.

1.15.1.6 Insurers admitted in the Netherlands

- Non-life, life and healthcare Insurers, within the meaning of Article 12 of the 1993 Insurance Industry (Supervision) Act (WTV), and
- Benefits in kind funeral Insurers, within the meaning of Article 7 of the Benefits in kind Funeral Insurance Industry (Supervision) Act, which are authorised to operate an insurance business in the Netherlands.

1.15.2 Limitation of cover for the terrorism risk

1.15.2.1 If and to the extent that cover exists for the consequences of an incident relating (directly or indirectly) to the following, in observance of the descriptions provided in paragraphs 1.16.1.1, 1.16.1.2 and 1.16.1.3 and within the limits of the current policy conditions:

- terrorism, malicious infection or preventive measures;
- for actions or conduct to prepare for terrorism, malicious infection or preventive measures, hereinafter jointly referred to as ‘the terrorism risk’, the Insurer’s obligation to pay benefits in relation to each claim for compensation for damages and/or benefits submitted to it is limited to the amount of the benefits that the Insurer receives in relation to that claim under the reinsurance of

the terrorism risk with the NHT, in the case of insurance with capital accumulation, plus the capital accumulation already realised on the basis of the insurance in question. With life insurance, the amount of the capital accumulation realised is based on the premium reserve for the relevant insurance to be maintained pursuant to the 1993 WFT.

1.15.2.2 The NHT offers reinsurance cover for the above claims of up to EUR 1 billion per calendar year.

The said amount can be adjusted from year to year and applies for all Insurers affiliated to the NHT combined. Any adjustment must be notified in three national daily newspapers.

1.15.2.3 By way of departure from the provisions of the preceding paragraphs of this Article, for insurance relating to:

- damage to real estate and/or its contents;
- consequential losses resulting from damage to real estate and/or its contents, it applies that a maximum of EUR 75 million per year will be paid out per policyholder per insured location under this agreement, for all participating Insurers as referred to in Article 1.16.1 combined, regardless of the number of policies issued. For the purposes of this paragraph, 'the insured location' refers to all objects present at the risk address that are insured by the policyholder, as well as all objects outside the risk address insured by the policyholder, the use and/or purpose of which relates to the business activities at the risk address. In any event, all objects insured by the policyholder located less than 50 meters distance away from each other, and at least one of which is located at the risk address, will be regarded as such. For the purposes of this paragraph, legal persons and companies affiliated in a group, within the meaning of Article 2:24b of the Dutch Civil Code, will be jointly regarded as a single policyholder, regardless of which group company or companies the policy or policies has or have been contracted.

1.15.3 NHT benefit protocol

1.15.3.1 The Claims Settlement Protocol (hereinafter referred to as 'the Protocol') applies to the Insurer's reinsurance with the NHT. Pursuant to the provisions of this Protocol, the NHT has the right, among other things, to defer the payment of compensation or the insured sum until the time at which it can determine whether and if so, to what extent it has sufficient financial resources to settle all claims for which it offers cover as a reInsurer in full. To the extent that the NHT proves not to have sufficient financial resources, it has the right to pay partial benefits to the Insurer in accordance with the said provisions.

1.15.3.2 In observance of provision 7 of the Protocol, the NHT is authorised to decide whether an incident in connection with which a claim for benefits is made, must be regarded as a consequence of the materialisation of the terrorism risk. A decision taken by the NHT to that effect, in accordance with the said provision, is binding on the Insurer, the policyholder, the insureds and the beneficiaries.

1.15.3.3 Only after the NHT has notified the Insurer of the amount that will be paid to it, as an advance or otherwise, for a claim for benefits can the insured or the beneficiary claim the benefits referred to in Article 1.16.3.1 from the Insurer.

1.15.3.4 Pursuant to provision 17 of the Protocol, the reinsurance cover of the NHT applies only for claims for compensation for damages and/or benefits that are reported within two years of the NHT establishing that a particular incident or circumstance is deemed to be a materialisation of the terrorism risk within the meaning of this Clauses Sheet.

2 Medical expenses

2.1 Definitions of terms

2.1.1 Physician

'Physician' refers to the person recognised as such by the competent authority.

2.1.2 Dentist

'Dentist' refers to the person recognised as such by the competent authority.

2.1.3 Physiotherapist

A practising (sports) physiotherapist, including a Cesar or Mensendieck exercise therapist, who is registered as such with the competent authority.

2.1.4 Acupuncturist

A physician practising as a physician-acupuncturist, or an acupuncturist recognised as such by the competent authority.

2.1.5 Medicines

'Medicines' refers to a medicine that can be obtained only on prescription from a physician or a dentist.

2.1.6 Medical necessity

'Medical necessity' refers to the need for nursing, examination or treatment that is based on generally recognised medical science considerations.

2.1.7 Medical expenses

The costs of medical treatment are deemed to comprise the costs of:

- hospital admission and surgery;
- treatments and tests prescribed by a physician;
- medicines prescribed by a physician for use during the term of the insurance;
- medically necessary transportation by ambulance from and to the location where medical treatment is provided;
- psychiatric day or night-time care;
- (sport-)physiotherapy;
- rehabilitation – day treatment;
- kidney dialysis;
- laboratory tests, even if prescribed by a GP.

2.1.8 Dental expenses

'Dental expenses' refers solely to the costs of:

Urgent dental treatments to relieve acute pain and/or medicines, to the extent that these are prescribed by a dentist.

2.1.9 Psychotherapy

This refers to treatment prescribed by a physician or specialist, delivered by a psychiatrist or psychologist.

2.1.10 Ambulance service

This refers to medically necessary transportation of a patient who, on medical grounds, cannot be regarded as able to travel independently, to the nearest hospital or medical care provider where adequate treatment is possible.

2.2 Scope of coverage

2.2.1 Scope of cover for medical expenses

The costs of medical treatment on the grounds of medical necessity, incurred during the period that the insurance is in effect. In the event of hospital admission, reimbursement will take place up to the 365th day following that on which the admission commenced. Reimbursement takes place on the basis of the lowest class of nursing care.

2.2.2 Pregnancy

2.2.2.1 Medically necessary childbirth in a hospital or maternity centre

The costs of pregnancy and childbirth incurred for mother and child on the grounds of medical necessity/indication for:

- a. nursing costs and additional costs for mother and child together, in the lowest category of nursing care, if and for as long as hospital admission is necessary;
- b. maternity care provided by a maternity centre recognised by the government, an A-grade nurse or a qualified maternity assistant, for a maximum of eight days from the date of childbirth;
- c. the additional costs charged;
- d. charges for specialised clinical care (outpatient or in hospital);
- e. the costs of medically necessary ambulance transportation.

2.2.2.2 Non-medically necessary childbirth in a hospital, maternity centre or at home

- a. The nursing costs of mother and child together, and/or maternity care provided at home by an authorised maternity centre recognised by the government, a class A nurse or a qualified maternity assistant for a maximum of eight days from the date of childbirth. Maternity care will be reimbursed to a maximum of EUR 135 per day;
- b. the charge for obstetric care provided by a specialist, GP or midwife;
- c. the costs for the use of out-patient facilities. The combined costs referred to in Article 2.2.2.2 will be reimbursed to a maximum of EUR 2000.

2.2.2.3 Children

The following provisions apply for children born during the term of this insurance, provided that they are registered for insurance with the broker within one month of their birth:

- a. this insurance is effective from birth, regardless of any congenital diseases or disorders;
- b. if such children, to the extent that they are younger than three months, must remain with the mother in the hospital for breastfeeding, the associated costs will be reimbursed in accordance with the rate for healthy infants for as long as the Insurer is required to reimburse the nursing costs for the mother.

2.2.3 Scope of coverage for dental expenses

The costs of dental treatment incurred on the grounds of acute medical necessity and serving to relieve acute pain, where and for as long as the insurance is in effect, to a maximum amount of EUR 350 per insurance year.

2.2.3.1 Dental care following an accident

If the natural teeth are damaged as a result of an accident, as described in Article 3.1.1 and 3.1.2, the dental costs will be reimbursed to a maximum of EUR 1,100 per incident.

2.2.3.2 Dental care for insureds aged up to 18

The following will be reimbursed for insureds up to the age of 18, to a maximum of EUR 450 per insurance year:

- dentists' charges for dental treatment;
- dentist's charges relating to X-rays taken in connection with such treatment;
- medicines prescribed by a dentist;
- fluoride application on upper and lower jaw, to a maximum of twice per 12 months;
- oral hygiene instruction.

2.2.4 Physiotherapy, manual therapy by a physiotherapist, Cesar therapy or Mensendieck therapy

This refers to treatment provided by a (sport) physiotherapist, following submission of a referral confirmation by a GP or specialist. Up to 12 treatments per indication will be reimbursed, to a maximum of EUR 30 per treatment. If further treatment is necessary thereafter, prior consent must be requested on the basis of a progress report by the care provider. The following are not deemed to be included in physiotherapy:

- speech therapy lessons;
- pregnancy exercises
- occupational therapy;
- sports massage.

2.2.5 Acupuncture

Consultation and treatment by a physician-acupuncturist, as described in Article 2.1.4, will be reimbursed for a maximum of 12 consultations, to a maximum of EUR 30 per consultation and/or treatment per insured per insurance year.

If ICS insurance is contracted within three months of the expiration date of the ICS insurance before last, the commencement date of the ICS insurance before last will be regarded as the commencement date of the insurance for the determination of the commencement of the insurance year.

2.2.6 Psychotherapy

A maximum of 9 treatments per 12 months will be reimbursed, after a referral confirmation from a GP or specialist is submitted. Further treatment qualifies for reimbursement only with the prior consent of the Insurer. The consent will be based on the medical necessity of further treatment and the submission of a treatment plan by the insured.

2.2.7 Medical aids

All requests for prostheses and medical aids must be made in advance, accompanied by an official application and/or referral from a GP or specialist before the aid is procured. The reimbursement for prostheses and medical aids by the Insurer will be based on arguments of medical necessity and the ability to present a treatment plan by the treating physician, which will be assessed by the Insurer's medical advisor.

2.2.8 Ambulance service

The costs of medically necessary ambulance transportation, within the meaning of Article 2.1.10, to the location of the nearest hospital or medical care provider where adequate treatment is possible, will be reimbursed. The indication for transportation must be shown by a statement from the relevant treating physician. If the insured is transported by a personal passenger car, the reimbursement is EUR 0.28 per kilometre, to a maximum of EUR 150.

2.3 Exclusions

Except for the exclusions referred to in Article 1.7, no reimbursement will be provided for the costs of:

2.3.1 Existing disorders and defects

If such circumstances were known or present on contracting of the insurance that costs can reasonably be expected to be incurred. In cases of doubt, you can contact our offices,

Tel: +31 (0)10 4488270, prior to the treatment;

2.3.2 Use of medicinal supplies outside the insurance term

For medicines and bandaging intended for use outside the agreed contract term and the medicines available without prescription;

2.3.3 Cosmetic operations

For aesthetic surgery to improve appearance, the reason for which arises from personal need, necessity or circumstances, unless mutilation is involved as a result of an accident or illness or a serious deformity present and detected at birth, without prejudice to the provisions of Article 2.3.1;

2.3.4 Specific therapies

For cell therapy and other alternative medical treatments;

2.3.5 Sterilisation

For sterilisation;

- 2.3.6 Spectacles and contact lenses
For spectacles and contact lenses, orthopaedic articles and similar artificial aids, other than those referred to in Article 2.2.7;
- 2.3.7 Vaccinations, preventive antibiotics treatments, general examinations and population surveys
For vaccinations, preventive antibiotics treatments, examinations, attestations, general preventive examinations and population surveys;
- 2.3.8 Contraception and abortion
For contraception and abortion;
 - 2.3.8.1 Medically necessary abortion
By way of departure from the provisions of Article 2.3.8, the costs incurred for medically necessary abortus provocatus and for abortion in connection with vice offences will be reimbursed if and to the extent that the treatment is performed in an institution recognised by the government.
- 2.3.9 Existing pregnancy
Relating to a pregnancy already existing on the issue date of the insurance certificate;
- 2.3.10 Fertility treatment
Relating to IVF and other fertility treatments;
- 2.3.11 Costs in other countries
Costs incurred outside the Netherlands, which were the sole or partial purpose of the stay in another country;
- 2.3.12 Exceptional Medical Expenses Act (AWBZ)
Which the insured, as a Dutch resident, could derive from the AWBZ;
- 2.3.13 Organ transplantation
in connection with an organ transplant, unless the Insurer's explicit consent has been obtained in advance;
- 2.3.14 Home nursing
In connection with home nursing, unless the Insurer's explicit consent has been obtained in advance.
- 2.3.15 Dietician
In connection with consultations, treatments and food supplements, unless the Insurer's explicit consent has been obtained in advance.
- 2.3.16 Registration fees for GPs
Registration fees charged by care providers. Aon reimburses the costs of care providers on the basis of the C.O.T.G. guidelines applying on the date of treatment, on the basis of the walk-in rates.
- 2.3.17 Start and Start+
If the Start package has been contracted, there is no cover under Section 2. If the Start+ package has been contracted, there is cover for medical expenses in accordance with Section 2, supplementary to your Basic Health Insurance or European Health Insurance Card (EHIC).



3 Accidents

3.1 Definitions of terms

3.1.1 Accident

Sudden violence directly impacting on the body, from an external source, against the will of the insured, the nature and location of which can be medically determined.

3.1.2 Extended definition of 'accident'

The following are also deemed to be accidents:

- a. acute poisoning not caused by pathogens through the use of medicinal, stimulant, intoxicant or narcotic drugs;
- b. infection by pathogens as a direct result of an involuntary fall into water or into any other substance, or entry therein to rescue humans or animals;
- c. complications and deteriorations in accident injuries as a direct result of first aid or of medically necessary treatment;
- d. infection of wounds and blood poisoning relating directly to an accident;
- e. involuntary ingestion of substances or objects, with the exception of pathogens;
- f. choking, drowning, sunstroke, heatstroke, freezing, burning, lightning strikes or other forms of electrification;
- g. exhaustion, starvation, dehydration and sunburn as a result of a disaster;
- h. straining, pulling and tearing of muscles and tendons causing sudden internal injury, the nature and position of which can be medically determined;
- i. anthrax, sarcoptic and crusted scabies, ringworm (trichophytic), brucellosis and cowpox.

3.1.2.1 No accident

Unless the Insurer's medical advisor decides otherwise, the development and/or manifestation of any form of hernia is not regarded as an accident or a consequence of an accident.

3.2 Scope of coverage

3.2.1 Benefits in the event of decease (Section A)

In the event of the decease of the insured solely and directly as a result of an accident, a sum of EUR 10,000 will be paid out.

3.2.2 Benefits in the event of permanent invalidity (Section B)

In the event of permanent invalidity of the insured, solely and directly as a result of an accident, a maximum sum of EUR 75,000 will be paid. The amount of the benefits will be determined as soon as the degree of permanent invalidity can be objectively and medically determined, but no more than two years after the occurrence of the accident. The benefits will amount to a percentage of the above amount, as shown below;

For full incurable paralysation	100%
For full incurable mental impairment	100%
For complete loss of function of:	
Eyesight in both eyes	100%



Eyesight in one eye	30%
and, if the company has paid full benefits for the loss of sight in one eye, for the loss of sight in the other eye	70%
Hearing in both ears	50%
Hearing in one ear	20%
and, if the company has paid full benefits for the loss of hearing in one ear, for the loss of hearing in the other ear	30%
Sense of smell and taste	10%
Loss of the function of a kidney or spleen	10%
The arm up to the shoulder joint	75%
The arm up to the elbow joint or between the elbow and the shoulder joint	65%
The hand up to the wrist and/or the arm between the wrist and the elbow joint	60%
The leg up to the knee, or between the knee and the hip joint	60%
The leg up to the hip joint	70%
The foot up to the ankle joint or the leg between the ankle and the knee joint	50%
The thumb	25%
The index finger	15%
Another finger 1	0%
The big toe	10%
Another toe	5%
A kidney or the spleen	10%

A proportional share of the percentages referred to above will be paid out in the event of partial loss. The percentage for all cases of permanent invalidity not listed above will be fixed in accordance with the degree of permanent invalidity, without taking account of the insured's occupation.\

3.2.3 Tax (Section B)

The Insurers will deduct all applicable taxes from payments to interested parties if and when it is required to do so by law before payment of the claim. In all cases, liability for tax rests with the interested parties.

3.2.4 Maximum benefits

In no case will benefits for permanent invalidity arising during the term of the underlying insurance exceed the maximum amount insured for permanent invalidity.

3.2.4.1 Decease following permanent invalidity

Benefits for decease are equal to the insured amount shown in Article 3.2.1, on the understanding that advance benefits for permanent invalidity (B) as a result of the same accident will be deducted from this, to a maximum of the amount insured for decease.

3.2.4.2 Existing invalidity

If existing invalidity is worsened through an accident, the benefits will be determined on the basis of the difference between the percentage of permanent invalidity before and after the last accident.

3.2.4.3 Extra benefits

If no benefits for permanent invalidity can be determined within six months of the accident, the Insurer will grant extra benefits of 6% per year of the benefits for permanent invalidity to be



fixed at a later date. These extra benefits will be calculated from the seventh month after the accident until the time when the benefits for permanent invalidity are granted.

3.2.5 Pre-existing medical conditions

If the consequences of an accident are increased through illness or a physical or mental disability of the insured, no more will be paid out than if the accident had been suffered by a healthy and fully functional person.<

3.2.5.1 Article 3.2.5 does not apply if the consequences are increased by an accident for which an entitlement to benefits under this insurance policy exists or for which benefits have already been granted.

3.3 Exclusions

Subject to the provisions of Article 1.7, no benefits will be granted for accidents suffered by the insured in the following cases:

3.3.1 Intent

Intent by the insured or a party with an interest in the benefits;

3.3.2 Commission of a criminal offence

While the insured is (co-)committing a criminal offence;

3.3.3 Fights or high-risk action

In the event of fights or high-risk action, other than in (self-)defence or for the rescue or saving of persons, animals or property;

3.3.4 Alcohol and drugs

As a result of the abuse of alcohol or use of medicines, intoxicants, narcotics or stimulants, other than on medical prescription;

3.3.5 Dangerous sports

While participating in or practising underwater sports, combat sports and tests of strength, (semi-)professional sports, hunting for big game, parachute jumping, climbing and glacier and mountain sports (other than on paved roads or a terrain with no roads that can also easily be traversed by untrained persons), skiing or sleighing sports in mountainous areas;

3.3.6 Races

While participating in or preparing for races with cycles, motor-cycles, motorised vehicles, motor boats or horses;

3.3.7 Aircraft

While using aircraft of any kind, other than as a passenger in an aircraft admitted for public passenger transportation;

3.3.8 Military service

During and as a result of military service.

3.4 Obligations following an accident

3.4.1 Reporting damages

The company must be notified of the accident that could give rise to an entitlement to benefits as a result of invalidity, in writing, as soon as possible after an accident occurs, and in any event before departure from the Netherlands.

3.4.2 Reporting at a later date

If the report is made at a later date, an entitlement to benefits may still exist if it can be shown that:

- the invalidity is the sole and direct consequence of an accident;
- the consequences of the accident were not increased through illness or a physical or mental disorder of the insured;
- the insured followed the instructions of the treating physician in every sense.

3.4.3 Reporting decease

In the event of the insured's decease, the company must be informed as soon as reasonably possible, and no later than 48 hours prior to the funeral or cremation. Failure to report on time may lead to loss of the entitlement to benefits.

3.4.4 Cooperation by beneficiaries

In the event of the insured's decease, the beneficiaries are required, on request, to cooperate in all measures to determine the cause of death.

3.4.5 Promotion of recovery

The insured is required to undergo treatment by an accredited physician without delay, and to do everything possible to promote recovery.

3.4.6 Extra supplementary examination

The insured is required, on request, to undergo admission to a hospital or other institution, at the Insurer's expense, for examination by a physician to be designated by the Insurer.

3.4.7 Inquiries of third parties

The insured is required to authorise the Insurer to obtain information from third parties.

3.4.8 Provision of information

The insured is required to provide or to arrange for the provision of all information considered necessary by the Insurer to the Insurer or experts designated by the Insurer and not to conceal any facts or circumstances that could be of importance for the determination of the degree of permanent invalidity.

3.4.9 Reporting recovery

The insured is required to report full or partial recovery to the Insurer without delay.

3.4.10 Non-compliance with obligations

The insurance does not provide cover if the insured fails to comply with one or more obligations, if and to the extent that this harms the interests of the Insurer. All benefit entitlements lapse if the insured fails to comply with one or more obligations with the intent to mislead the Insurer, unless this does not justify the lapse of entitlements.

3.4.11 Payment of benefits

Unless otherwise agreed, benefits pursuant to this insurance policy will be paid to the policyholder, with the exception of benefits on decease (Section A) if the policyholder and the insured are the same person. In the latter case, unless otherwise agreed, benefits on decease (Section A) will be paid to the policyholder's widow / widower or, if he or she is absent, to his or her heirs.

3.5 Determination of benefits

The scale of the benefits and the degree of permanent invalidity will be determined by the Insurer on the basis of information from medical and other experts.

3.6 Code of Conduct for Treatment of Injury (GBL)

We shall observe the GBL. The GBL focuses on the victim and is aimed at efficient settlement of damages for physical injuries.

4 Extra costs and assistance

4.1 Cover additional costs

The insurance covers compensation for:

4.1.1 Extra flight costs

The costs of a return flight (for a maximum period of four weeks) and the necessary additional costs relating to transportation to the airport, to a maximum of EUR 500, that the insured must incur if he or she is recalled to his or her country of origin in connection with a life-threatening situation or the decease of relatives in the first or second degree living there, i.e. parents, parents-in-law, grandparents, children, brothers, sisters or spouses;

4.1.2 Airline tickets for family members

The costs of a return flight for two family members of the insured and the costs of accommodation, travelling from the country of origin to the Netherlands, because the insured is in a life-threatening condition or has died as the result of an illness or accident;

4.1.2.1 Accommodation expenses

The accommodation expenses will be reimbursed, to a maximum of EUR 125 per insured per day.

4.1.2.2 Maximum airline ticket and accommodation expenses

The total reimbursement of the costs referred to in Articles 4.1.2 and 4.1.2.1 shall not exceed EUR 7,000 per incident.



4.1.3 Telecommunication costs

If the insured suffers an incident that is covered by the Section on extra costs and assistance, the necessary telecommunication costs arising from that incident shall be reimbursed, to a maximum of EUR 150 per incident.

4.2 Reimbursements

The reimbursement of the costs referred to in Article 4.1 to 4.1.3 will be based on the flight costs actually incurred, on the basis of the rate for the lowest class.

4.3 Conditions

The costs referred to in Article 4.1 to Article 4.1.3 qualify for reimbursement only if:

- 4.3.1 the life-threatening condition or decease is the result of an accident or a suddenly-arising illness that, according to medical insights, could not reasonably have been foreseen in view of the health condition of the insured on the date on which the insurance was contracted;
- 4.3.2 in the event of decease, a death certificate and an official statement concerning the cause of death will be submitted;
- 4.3.3 a birth certificate in English, Spanish, French, German or Dutch will be submitted, showing the relationship of the insured to the deceased/sick family member;
- 4.3.4 a statement in English, Spanish, French, German or Dutch by the treating physician(s) will be submitted, reflecting the nature and severity of the illness or accident and also showing when this illness or accident occurred.

4.4 Benefits

For each relative by blood or affinity, benefits will be payable for costs incurred pursuant to Articles 4.1 to 4.1.3 once per 12-month period, commencing on the first day of travel.

4.5 Obligations in the event of damages

4.5.1 Reporting to the Insurer

The Insurer must be notified as soon as reasonably possible of an incident from which an obligation for the company to reimburse costs could arise, and of the circumstances that led to this.

4.5.2 Evidence

This must be accompanied by original documentary evidence, such as a statement by the treating physician(s), a death certificate, the airline ticket or other information that could be of importance for the Insurer in processing and determining the reimbursement.

4.6 Scope of coverage for assistance

If assistance is necessary, Eurocross International, Tel.: +31 (0)71 3641873 should be contacted. The cover for assistance comprises reimbursement of:

4.6.1 Emergency evacuation

The Insurers will provide for and pay the costs of normal and necessary transport by land or air, medical care during transportation, communications and all necessary and customary additional costs arising through the relocation and transportation of a participant to the nearest hospital where the necessary medical care is available, which need not necessarily be located in the Netherlands.

4.6.1.1 The Insurers have the right to determine, as they see fit, whether the medical condition of a participant is serious enough to justify a medical evacuation, to determine the location to which the insured will be evacuated and the means and methods by which such an evacuation or repatriation will be performed. In the organisation, we are authorised to take all relevant circumstances into account, which need not be confined to the state of health. The urgency, the fitness of the participant to travel, the availability of an airport, weather conditions and the distance to be travelled will be considered in order to determine whether transportation will be provided by a private ambulance, aircraft, helicopter, a regular flight, by rail or over land.

4.6.2 Repatriation under medical supervision

The Insurers will provide for the repatriation and pay the normal and necessary costs for transporting the participant to the Netherlands and/or his/her home country for hospital admission or rehabilitation treatment following a medical evacuation if the participant is evacuated to a location outside the country of which he/she is a national.

4.6.2.1 The Insurers have the right to determine, as they see fit, whether the condition of the participant gives enough cause for concern to justify a medical evacuation, the location to which the evacuation will be made and the way or method by which such an evacuation or repatriation will be performed. In the organisation, we are authorised to take all relevant circumstances into account, which need not be confined to the state of health. The urgency, the fitness of the participant to travel, the availability of an airport, weather conditions and the distance to be travelled will be considered in order to determine whether transportation will be provided by a private ambulance, aircraft, helicopter, a regular flight, by rail or over land.

4.6.2.2 The transportation will take place under continual medical supervision, unless otherwise agreed with a physician.

4.6.3 Repatriation of remains

Insurers will provide for the repatriation or reimburse all reasonable and necessary costs for the transportation of the insured's remains from the location of decease to the insured's home country, or, at the request of an authorised family member or counsel/an attorney with our prior written consent, the Insurers will provide for the repatriation and reimburse the reasonable and necessary expenses of a local funeral in the place where the insured died, if these expenses do not exceed the costs of repatriating the insured's remains from the place of decease to the home country.

4.6.4 Return required by the competent government organisation issuing the visa

If, in connection with the illness of the insured or an accident suffered by the insured, his or her repatriation to the home country is necessary and required by the competent government organisation issuing the visa, this insurance policy covers the following costs if and to the extent that these costs cannot be reimbursed by the educational institution to which the insured is affiliated:

- transport by land, sea or air to the insured's country of origin, by the cheapest adequate means of transport, to be determined in accordance with medical views;
- medical care and provisions during transport;
- (tele)communications up to a maximum of EUR 150;
- accommodation until the time at which the insured arrives at his home, family address or other fixed destination, or arrives at the medical care provider where he or she will be treated.

If permitted by the applicable laws and regulations, the insured must delay his or her repatriation until the time at which repatriation can take place by normal transportation, at his or her own convenience. During this delay, the insured will retain cover for the reimbursement of medical expenses at cost price, subject to the conditions of the insurance policy, for as long as this insurance is continued for payment of premiums. The insured must make use of (return) tickets that he or she already holds for the return journey to the country of origin. The costs of these (return) tickets do not qualify for reimbursement under this insurance policy. The costs incurred in order to retain the validity of these tickets (e.g. the costs of conversion or extension) do qualify for reimbursement under this insurance policy.

4.6.5 Limitations

The costs of the services referred to in Article 4.6.1 to 4.6.3 are limited to a maximum of EUR 700,000 per insured per incident.

4.7 Exclusions

The following treatments, goods, disorders and activities and the costs arising from these are excluded from the cover unless we have provided written consent for this in advance:

- 4.7.1 More than one urgent evacuation and/or repatriation for each individual medical condition of the insured during a term of 12 months;
- 4.7.2 All costs and expenditure that are not explicitly covered under the service programme and that we have not approved in writing in advance and/or that we do not organise. These exclusions shall not apply in the case of urgent medical evacuations from remote and primitive areas for which we could not be contacted in advance or delays could reasonably be expected, during which the insured could die or his/her condition could deteriorate;
- 4.7.3 Every incident arising when the insured is within the territory of his or her country of origin or the Netherlands, subject to the provisions of Article 4.6.3;
- 4.7.4 All costs incurred by the insured against the advice of a medical specialist or that are aimed at medical care, rest and recovery as a result of an earlier accident, pre-existing disorder or illness;
- 4.7.5 All costs of medical evacuation or repatriation if the insured does not suffer a serious medical disorder and/or if, according to the physician, the insured can be treated adequately on the spot, or if the treatment can reasonably be postponed until the insured returns to his/her home country or destination country;



- 4.7.6 All costs of medical evacuation or repatriation if, in the opinion of the physician, the insured can travel as a regular passenger without medical supervision;
- 4.7.7 All treatments and costs relating to childbirth, miscarriage or pregnancy. This exclusion will not apply in the case of an abnormal pregnancy or serious pregnancy complications that endanger the life of the mother and/or the unborn child during the first twenty-four (24) weeks of the pregnancy;
- 4.7.8 Costs relating to an accident or injury arising while the insured was participating or practising spelunking, mountain climbing or rock climbing requiring the use of a guide or ropes, speleology, freefall, parachute jumping, bungee jumping, flying in an air balloon, hang-gliding, underwater sports, combat sports, rally driving, all forms of racing except on foot and all organised sports on a professional or sponsored basis;
- 4.7.9 All costs arising as a result of a pre-existing medical condition;
- 4.7.10 Costs arising as a result of emotional, mental or psychological conditions;
- 4.7.11 Costs arising through self-harming, suicide, drug addiction or abuse, alcohol abuse or sexually transmitted diseases;
- 4.7.12 Costs arising during the use of aircraft of any kind, other than as a passenger of an aircraft/airline on a fixed route or as a passenger travelling for business in an aircraft owned or leased by the insured;
- 4.7.13 Costs arising because the insured was involved in an assignment or attempt to perform an unlawful act;
- 4.7.14 Costs relating to treatment by or on the instructions of an unregistered physician, which is not consistent with standard medical practice as defined in the country of treatment;
- 4.7.15 Costs arising during the performance of military or police service by the participant in any country whatsoever, active participation in acts of war (declared or otherwise), invasion, actions of foreign enemies, hostilities, civil war, rebellion, unrest, revolution or rioting;
- 4.7.16 Costs that are the direct result of atomic/nuclear reactions or radiation;
- 4.7.17 costs arising as a result of activities by or on a vessel or oil drilling platform, or on a similar offshore location.

5 Liability

5.1 The insured persons

The following are insured:

- a. the insured;
- b. minors staying with the insured, to the extent that their liability is not covered by other insurance policies;
- c. the domestic staff, to the extent that their liability relates to the work they perform for an insured.

5.2 The insured capacity

The insured's liability as a private individual is covered. Liability relating to the operation of a (secondary) business or performance of a (secondary) occupation and the performance of paid manual work is not covered. Claims by the employer or its right-holders or surviving relations are not covered.

5.3 Scope of coverage

The insureds' liability for damages caused or arising during the term of the insurance, in their aforementioned capacity, is covered, to a maximum of EUR 1,250,000 per claim for all insureds combined, as well as for all insureds who form a family and are not insured under different policies, with a maximum of EUR 2,500,000 per 12 months. Where the conditions refer to 'damage', this is deemed to refer to personal injury and to damage to property.

☛ 'Personal injury' refers to damage through injury or harm to the health of persons, leading to death or otherwise, including the damages arising from this.

☛ Damage to property refers to damage and/or destruction and/or loss of material goods of parties other than the insureds, including the damages arising from this.

5.4 Mutual liability

The liability of the previously mentioned insureds to each other is co-insured only for the personal injury suffered by the insureds concerned, to the extent that the insureds have no claims in relation to the incident on other grounds. The liability of an insured to domestic staff for damages suffered as a result of accidents at work is also covered in respect of damage to property. No compensation for damages will be paid if the claimant is a party other than a natural person directly involved in the incident who suffered damages, or his or her surviving relations.

5.5 Voluntary assistance

If parties other than the insureds suffer damages while providing voluntary assistance to prevent:

☛ death or physical injury;

☛ the immediate threat of damage to the property of an insured, the company will pay compensation for damages covered by this insurance policy.

Civil law serves as the standard for the damages scheme. In the award of compensation for damages, all claims to benefits that the victim has on other grounds will be deducted. No compensation for damages will be granted if the claimant is a natural person who suffered damages through direct involvement in the incident, or his or her surviving relations.

5.6 Legal costs and interest at the statutory rate

The following will be reimbursed in excess of the insured sum:

- a. the costs of proceedings conducted with the approval of or at the request of the Insurer and legal aid provided on its instructions;
- b. interest at the statutory rate for the part of the principal covered by the insurance policy.

5.7 Surety

If a government requires the provision of financial surety for damages covered by the insurance policy to secure the rights of injured parties, the Insurer will provide such surety to a maximum of 10% of the insured sum. The insureds are required to authorise the Insurer to dispose of the surety as soon as this is released and furthermore, to provide every assistance in order to obtain repayment.

5.8 Exclusions

In addition to the general exclusions listed in Article 1.7, the following exclusions will apply.

5.8.1 Intent

The liability of the insured for damages that were the envisaged or certain consequence of his or her actions or omissions is excluded. The Insurer will not invoke this exclusion in relation to the liability of children aged up to 14.

5.8.2 Object

There is no insurance cover for liability for damages:

- a. to goods in the possession of the insured, or of a party on behalf of the insured, pursuant to a rental, lease, leasehold or pledge agreement, or usufruct (including the rights of use and occupation);
- b. on the grounds of the operation of a (secondary) business or (secondary) occupation, the performance of manual work other than as a free service, and the performance of military service or mandatory civil service;
- c. to goods that are in the possession of the insured unlawfully;
- d. to trailers, (standing) caravans, trailer tents, motor vehicles and sailing vessels, including wind-surfers and flying equipment in the possession of the insured or of a party on behalf of the insured;
- e. consisting and/or as a result of the loss, theft or missing of money, securities, bank, giro, debit or credit cards in the possession of an insured or of another party on behalf of the insured. Liability for damage to property in the possession of the insured other than in the cases referred to in paragraphs 5.8.2a to 5.8.2e is covered, to a maximum amount of EUR 10,000 per incident.

5.8.2.1 Goods in the possession of the insured during work on a training placement or that belong to the location of the training placement are insured to a maximum amount of EUR 10,000 per incident.

5.8.3 Motor vehicles

Liability for damage caused with or by a motor vehicle owned, in the possession of, driven or used by the insured is excluded. However, this exclusion does not apply for:

- a. the insured's liability as a passenger in a motor vehicle, including damage to that motor vehicle;
- b. the insured's liability as the owner/user of motorised mowing machines, toys and similar consumer objects, provided that they cannot exceed a speed of 10 kilometres per hour, and model cars with remote controls;



- c. the insured's liability for damages arising through a camping or baggage trailer that is not connected to a motor vehicle, or a boat trailer, with the exception of damage caused by the connection coming loose;
- d. the liability of the insured, if he or she is younger than 18, for damages caused while joyriding a motor vehicle.

Liability for the following remains excluded:

- in the event of theft or concealment of the motor vehicle;
- damage to the motor vehicle itself.

In the event of joyriding without violence, this cover does not apply to the extent that the liability is covered under another insurance policy, of an older date or otherwise.

5.8.4 Vessels

Liability for damages caused with or by a vessel is excluded. However, this exclusion does not apply for:

- a. the liability for damages caused with or by rowing boats, canoes, windsurfers and remote controlled model boats;
- b. the liability for personal injury caused with or by sailing boats with a sail surface of no more than 16 m², unless such boats are equipped with an (outboard) engine with a capacity of more than 3kw, the liability of the insured as a passenger in a vessel, including damage to that vessel. The above cover does not apply to the extent that the liability is covered under another insurance policy, of an older date or otherwise.

5.8.5 Aircraft

Liability for damage caused with or by an aircraft, a model aircraft, a hang glider, a drone, a parachute glider, a towing kite, an airship, a model rocket or a balloon with a diameter of more than 1 meter when fully filled is not covered. However, this exclusion does not apply for:

- a. liability for damages with or by remote-controlled model aircraft weighing a maximum of 20 kilograms;
- b. the liability of the insured as a passenger of an aircraft, including damage to that aircraft.
The cover described in items a and b above does not apply to the extent that the liability is covered under another insurance policy, of an older date or otherwise.

5.8.6 Weapons

Liability for damage caused by and/or the possession of weapons and/or firearms is excluded.

5.8.7 Sexual conduct

The following is excluded from cover:

- the liability of an insured for damages caused by and/or arising from his or her sexual or sexually oriented conduct of any kind whatsoever;
- the liability of an insured forming part of a group for damages caused by and/or arising from sexual or sexually-oriented conduct of any kind whatsoever, or by one or more persons forming part of the group, including when the insured did not personally conduct himself or herself as such.

5.8.8 Residential accommodation/home contents

Liability for damages to residential accommodations occupied or used by the insured, and for damages to the home contents of the residential accommodation, is not insured.



5.8.9 Living in a family

For persons living together in a family (cohabiting, married, registered partnership), cover is provided only for the liability for personal injury caused to each other. There is therefore no cover for the liability for damage caused to personal or shared property.

5.9 Assessment and regulation of the damages

The broker is responsible for the assessment and regulation of the damages. It has the right to indemnify the victim directly and to reach out-of-court settlements with victims. The broker will bear in mind the interests of the insured in that case.

If the compensation for damages consists of regular benefit payments and their value, taking account of other benefits, will be higher than the insured amount, the duration or amount of those benefits will be proportionately reduced, at the choice of the insured.

5.10 Obligations of the insured

If its liability is invoked, the insured is required to notify Aon of this as soon as is reasonably possible. Aon will submit your claim for personal injury to the Insurer.

6 Legal aid

6.1 Cover

The Insurer will reimburse the Insured Party or the policyholder for the costs of legal assistance and related expenses up to at most the amounts listed below, in accordance with the provisions in these policy terms and conditions.

Within Europe	Maximum of EUR 50,000 per incident
Outside Europe	Maximum of EUR 15,000 per incident

6.2 Europe

The European Continent west of the Ural mountains and the Bosphorus, including adjacent islands, bounded by the Arctic Ocean and the Atlantic Ocean, including the Azores, the Canary Islands, Madeira and the non-European countries bordering the Mediterranean.

6.3 Scope of coverage

The Insurer provides legal aid, as described in the following Articles, for the insureds and their surviving relations, to the extent that these can institute claims for cost of living expenses, for incidents relating to the travel and stay for which this insurance is contracted.

6.4 Recovery assistance

Legal aid for claims for damages against the insured in person or his/her property, caused by a third party who is legally liable for this.

6.5 Criminal law aid

Legal aid in criminal proceedings instituted against the insured, except in the case of an intentional offence, or if the insured committed the offence knowingly and willingly, or in the case of a tax law violation (including customs regulations).

6.6 Contract law aid

Legal aid concerning disputes over agreements contracted by the insured in direct relationship to the travel and stay, provided that the interest amounts to at least EUR 125.

6.7 Bail/deposit

The Insurer advances the insured a deposit of a maximum of EUR 50,000 if a foreign government requires payment of the bail for the insured's release in connection with covered criminal proceedings, the return of goods belonging to the insured or the withdrawal of an attachment order for such goods. In accepting the advance, the insured irrevocably authorises the Insurer to dispose of the advance as soon as it is released and accepts the obligation to provide full cooperation in obtaining immediate restitution of the Insurer. If an appeal for restitution of ARAG is unsuccessful, the insured is required to repay the advance at the earliest opportunity, and in any event within one year of its issue.

6.8 Exclusions

No legal aid will be provided if the insured's claim arises from or relates to:

- the ownership, possession, holding, purchase or sale of motor vehicles and/or trailers;
- (labour law) contracts concerning or relating to the acquisition of income or the cost of living.

6.9 Obligations of the insured

In the event of a claim for legal aid, the insured is required to notify Aon of this as soon as is reasonably possible.

7 Home contents and baggage

7.1 Definitions of terms

7.1.1 Home contents

'Home contents' refers to all movable goods under the responsibility of the insured, that normally form part of the domestic home contents and that are present at the insured's permanent residential or accommodation address.

7.1.2 Baggage

'Baggage' is deemed to refer to goods that the insured has taken with him or her when travelling or sends to the destination in advance or afterwards, within the term of the insurance.

7.1.3 Travel

'Travel' refers to travel on a recreational basis and for study purposes outside the country of origin. In the destination country, holiday travel is deemed to include all journeys with at least one overnight stay or for a period of more than 24 hours, the recreational nature of which can be demonstrated by the insured and for which the insured can provide proof of bookings/reservations/payment. Ordinary travel between home and work or for study purposes in the country in which the insured studies is not covered.

7.1.4 Additional exclusions

The following is not deemed to be baggage or home contents:

- securities of any kind, manuscripts, drawings and drafts;
- collections (such as stamp and coin collections);
- animals;
- cash and/or cheques.

7.1.5 (Travel) Documents

'(Travel) documents' refers to passports, identity cards, tourist cards, travel tickets, driving licences, registration certificates, registration plates, insurance cards and visas.

7.1.6 New value

The 'new value' refers to the amount required to purchase new objects of the same type and quality.

7.1.7 Current market value

The 'current market value' refers to the new value less an amount for depreciation as a result of ageing or wear and tear.

7.2 Sope of coverage

Home contents are insured for a maximum of EUR 6,000. Baggage is insured for a maximum of EUR 1,500.

7.2.1 Limits

In observance of the amounts shown in Article 7.2 and 7.2.1, the following maximum limits apply:

7.2.1.1 Windsurfers and bicycles

Windsurfers and bicycles are insured for a maximum amount of EUR 250 per object, including accessories.

7.2.1.2 Photographic, film, video, audio and computer equipment

Photographic, film, video, audio and computer equipment, including accessories such as ancillary equipment and audio and data carriers, are insured for a maximum amount of EUR 700 combined.

7.2.1.3 Jewellery and watches

Jewellery and watches are insured for a maximum amount of EUR 150 combined.

7.2.1.4 Telecommunication equipment

(Mobile) telecommunication equipment is insured for a maximum amount of EUR 150.

7.2.1.5 Spectacles and lenses

Spectacles, sunglasses and contact lenses are insured for all forms of cover for a maximum amount of EUR 200.

7.3 Covered incident

Baggage is insured against loss, damage and theft. Home contents are insured against the following risks:



- 7.3.1 Fire
Fire and fire extinguishing;
- 7.3.2 Explosion
Fire and explosion;
- 7.3.3 Theft/Robbery
Theft, extortion and robbery, as well as destruction or damage arising as a result of these incidents or attempted theft, extortion and robbery. Theft damage is reimbursed only if the theft was preceded by (internal) breaking and entry to the building and/or outbuildings and/or the parts of the premises in which the insured objects are located. Theft and/or robbery out of doors are excluded if there is no question of travel within the meaning of Article 7.1.3;
- 7.3.4 Vandalism
Vandalism committed by a person who unlawfully forces entry into the building occupied by the policyholder;
- 7.3.5 Storm
Storms, meaning wind speeds observed by a local weather station of at least 14 meters per second, including rain, snow and hail damage;
- 7.3.6 Precipitation
Rain, snow or melt water, to the extent that this flows into the building and/or into accompanying outhouses occupied by the insured through the roof or as a result of the breakage, blocking or overflowing of roof gutters and overflow pipes. Damage resulting from inadequate maintenance of the building and damage by sewage or ground water is excluded;
- 7.3.7 Cranes
Falling cranes and lifting equipment;
- 7.3.8 Aquaria
Breaking of glass in aquaria and wall mirrors as a result of any external contingency. Damage to the glass itself is reimbursed, as well as the damage to the home contents caused by the breaking glass;
- 7.3.9 Collisions
Collisions with the buildings occupied by the insured;
- 7.3.10 Lightning strikes
Lightning strikes, regardless of whether these result in fires.
- 7.3.11 Water pipes
Unforeseen overflow of water from central heating or water pipes with all sanitary and other equipment connected to these, as well as washing machines, washers, dishwashers and similar equipment connected to the water pipes via a secured connection, all to the extent that this occurs in the building and/or the accompanying outhouses occupied by the insured, provided that such over-



flows of water are a direct consequence of a defect in the said installations, appliances or equipment. Damage resulting from wear and tear or inadequate maintenance of the installations, appliances or equipment, as well as damage caused by sewage or ground water, is excluded.

7.3.12 Compensation in excess of the insured amount

The company shall provide compensation for the following, if necessary in excess of the insured amount, to a maximum of 10% of the amount insured for home contents:

- a. breaking and entry damage caused by attempted or actual breaking and entry to the building occupied by the insured, to the extent that these costs must be borne by the insured;
- b. extra costs of necessary accommodation elsewhere, if the building occupied by the insured becomes uninhabitable as a result of one or more of the incidents described in Article 7.3;
- c. clearance costs, being the costs of clearance of the home contents not already described in the assessment of damages, to the extent that such clearance is necessary as a result of a covered incident.

7.4 Exclusions

Apart from the exclusions listed in Article 1.7, no compensation will be provided for costs arising to or by:

7.4.1 Motor vehicles

Vessels (with the exception of windsurfers), aircraft (including paragliding equipment), motor vehicles and mopeds, campers and other vehicles (with the exception of bicycles) and the accompanying accessories, parts and fittings (including tents);

7.4.2 Personal fault/personal wear and tear

Damage through wear and tear, personal fault, personal wear and gradual weathering, seizure or confiscation, other than as a result of a road accident, as well as damage by vermin;

7.4.3 Scratches

Damage consisting of damage such as scratches, dents, marks and other damage to appearance, unless the damaged object has become totally unsuitable for the purpose for which it is intended as a result;

7.4.4 Recording tubes, video and audio heads

Damage that consists solely of damage to recording tubes, video and audio heads of audio and video equipment;

7.4.5 Failure to exercise normal care

If the insured has not exercised the normal care to prevent loss, theft or damage to baggage and home contents.

7.4.5.1 Due care

Normal due care in any event has not been taken if video, computer, photographic, film, audio and telecommunications equipment, jewellery, watches, fur and other valuable objects are left unattended, other than in a properly sealed area. A properly sealed area is not deemed to include a means of transport.

7.4.5.2 *Goods left in means of transport*

Entitlement to compensation for goods that are not mentioned in Article 7.4.5.1 and that are left behind in a means of transport exists only if and to the extent that:

- the insured can be required to show that no safer measures could reasonably have been taken;
- the goods are located in a properly sealed luggage compartment and were also not visible from outside.

7.4.6 Money

Cash, cheques and/or credit card.

7.5 Obligations in the event of damage

Further to the obligations listed in paragraph 1.6, the insured is also required:

- in the event of loss, theft, vandalism, burglary, extortion and robbery, to report this to the police at the earliest opportunity, and within three time 24 hours. A copy of the confirmation of the report must be sent to the broker;
- if necessary, the ownership, value and age of the insured objects must be proven;
- in the event of damage to baggage and home contents, the Insurer must be given an opportunity to examine this before repair takes place;
- if the damage arises during transportation of the insured objects by rail, boat, aircraft or another means of transport, the baggage must be checked on receipt to ensure that it is in good condition and/or whether any items are missing;
- if anything is missing and/or is not in good condition, the insured is required to report this to the transport company and to require that this transport company draws up a statement of this report.

7.6 Method of determination of damages

7.6.1 Travel documents

The basis for the calculation of the compensation for damages to be provided for travel documents is the amount needed to obtain replacements for the documents concerned.

7.6.2 Compensation

The basis for the calculation of the compensation for damages to be provided for baggage and home contents is the new value for objects that are not more than 12 months old. The calculation of compensation for damages for objects that are more than 12 months old will be based on the current market value.

7.7 Repair or replacement

If lost or damaged objects can reasonably be deemed suitable for repair and/or can be replaced, the Insurer has the right to provide for the repair and/or replacement of those objects.

7.8 First risk

Compensation for damages will be provided to a maximum of the insured amounts, regardless of the total value of the insured objects.

Summary of cover

Description of cover	Complete Scope of coverage	Start+ Scope of coverage	Start Scope of coverage
Section 1 Definitions and general conditions			
Section 2 Medical Expenses			
Compensation for doctors' and hospital charges	Actual costs	Secondary if not covered by another insurance policy	Not covered
Exceptional medical expenses:			
Physiotherapy	12 treatments	12 treatments	Not covered
Acupuncture	12 treatments	12 treatments	Not covered
Psychotherapy	9 treatments	9 treatments	Not covered
Costs relating to non-medically necessary childbirth in a hospital, maternity centre or at home	Maximum of EUR 2,000	Not covered	Not covered
Aids	In accordance with extended aids regulation	Not covered	Not covered
Dental charges in relation to an accident	Max. EUR 1,100 per incident	Max. EUR 1,100 per incident	Not covered
Dental charges for urgent cases	Max. EUR 350 per insurance year	Max. EUR 350 per insurance year	Not covered
Section 3 Accidents			
a In the event of decease	EUR 10,000	EUR 10,000	EUR 10,000
b Maximum in the event of permanent invalidity	EUR 75,000	EUR 75,000	EUR 75,000
Section 4 Extra Costs / Provision of assistance			
a Extra expenses for return travel to the Netherlands in the event of early recall in connection with the decease or life-threatening situation of a family member in the first or second degree. If the insured is in mortal danger there is cover for a return flight and accommodation for two family members to the destination of the insured	Max. EUR 7,000	Max. EUR 7,000	Max. EUR 7,000
b Repatriation of the remains to the country of origin or local burial/cremation in the place of decease, provided that this does not exceed the repatriation costs	Actual costs	Actual costs	Actual costs
c Telecommunication costs per person per insured period	Max. EUR 150	Max. EUR 150	Max. EUR 150
d Extra costs in connection with repatriation/evacuation by ambulance aircraft	Actual costs	Actual costs	Actual costs
A maximum of EUR 700,000 applies for all the above sections			



Section 5 Liability	Max. EUR 1,250,000 per claim	Max. EUR 1,250,000 per claim	Max. EUR 1,250,000 per claim
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Section 6 Legal aid (not applicable during work)			
• Recovery assistance			
• Criminal law support			
• Contract law support			
• Bail/deposit			
Within Europe	Max. EUR 50,000	Max. EUR 50,000	Max. EUR 0,000
Outside Europe	Max. EUR 15,000 per li Incident	Max. EUR 5,000 per incident	Max. EUR 5,000 per incident
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Section 7 Home contents and baggage			
Home contents	Max. EUR 6,000	Max. EUR 6,000	Max. EUR 6,000
Personal baggage	EUR 1,500	EUR 1,500	EUR 1,500
Including for: Photographic, film, video and computer equipment	Max. EUR 7000	Max. EUR 7000	Max. EUR 7000
Theft, damage or loss of contact lenses and spectacles	Max. EUR 200	Max. EUR 200	Max. EUR 200
Travel documents	Actual costs	Actual costs	Actual costs

N.B. This review of cover provides an indication. Read the policy conditions for full details of the cover.

Aon Hewitt | Consulting

PO Box 1005, 3000 BA Rotterdam

Tel. +31 (0)10 4488270

E info@aonstudentinsurance.com

www.aonstudentinsurance.com