

TRAVEL INSURANCE PROGRAMS

Serenity

TERMS & CONDITIONS

SECTION 1. TABLE OF COVERS

	Cover Limits per person
COVER 1. ASSISTANCE, MEDICAL AND HOSPITALIZATION EXPENSES	
Covered Incidents are the sudden illness (under 70 years old) and the accident (all ages) of the Insured or a member of the Insured's Family.	
Transport to transfer the Insured to the nearest emergency treatment center or hospital, due to an incident during the Journey which cannot be treated effectively at the location where it occurred.	€ 1.000
Transport from the emergency treatment center to the nearest hospital, provided that hospitalization of the Insured is deemed necessary, following an Incident during the Journey. Excess € 50.	Unlimited
Medical and hospitalization expenses of the Insured (including being diagnosed with an epidemic or a pandemic disease such as COVID-19) and up to 30 days from the day of the Incident or until the moment when authorisation is given to the Insured by the treating hospital doctors to travel. Excess € 75.	€ 30.000
A round trip ticket to a companion, to travel to the location of the Insured so that the companion can accompany the Insured during the repatriation when the Insured's hospitalization forecast exceeds 7 days or 48 hours in case the Insured is a minor or handicapped with special needs.	€ 750
Companion's accommodation expenses up to 5 days for the repatriation.	€ 100 per day
Curtailment of the Journey of the Insured when i) it's deemed necessary following hospitalization during the Journey or ii) the Insured or a traveling companion is quarantined during the trip by order or other requirement of a government, public authority, or travel supplier based on their suspicion that the Insured or a traveling companion, specifically, have been exposed to a contagious disease (including an epidemic or a pandemic disease such as COVID-19, with means and on dates different from the initially scheduled in the itinerary.	Unlimited
Repatriation of the Insured's immediate Family, consequence of Journey curtailment of the Insured or repatriation of the Insured's remains, if they are also Insured.	Unlimited
Expenses for a companion, to travel to the location of the Insured, in order to accompany the minor Family members who accompany the Insured in the Journey but the Insured is not able to take care of, due to an Incident. Cover includes the cost to change the minors' return date of the tickets.	Unlimited
Interpreter's expenses when it's necessary for communication, in case of hospitalization of the Insured during the Journey.	€ 1.000
Translation of the medical file of the Insured, if it's required, in case of hospitalization during the Journey between Greek, English, French, German, Italian or Spanish.	Unlimited
Tickets for Journey curtailment of the Insured and one co-travelling companion, also Insured, and due to death (including death as a consequence of an epidemic or a pandemic disease such as COVID-19) or hospitalization (including being diagnosed with an epidemic or a pandemic disease such as COVID-19) forecasted to exceed 7 days, of an immediate Family member of the Insured.	€ 750
Compensation of expenses for medical treatments for up to 30 days after the repatriation following hospitalization due to an Incident during the Journey and following the treating doctor's at the hospital directions.	€ 500
Expenses to send medication of chronic illness to the Insured during the Journey, if the medication cannot be supplied locally. Delivery will be made in strict accordance to the local legislation of import of medicines of the country in which the Insured is located and provided that such or similar medication does not exist in the local market. Cover does not include the cost to purchase the medication.	Unlimited
In case of death of the Insured due to an Incident during the Journey (including death as a consequence of an epidemic or a pandemic disease such as COVID-19), expenses for the repatriation (transport only) of the Insured's remains.	Unlimited
A round trip ticket and accommodation of a Family member to accompany the remains of the Insured.	€ 900
Telephone medical advice to the Insured for Incidents during the Journey.	Unlimited Service
Medical advice to the Insured's Family members residing in his/her house while the Insured is travelling.	

Locating, recommendation of and when necessary communication with the nearest doctors, specialists, emergency centers and hospitals in the event of an Incident of the Insured during the Journey.	
Communication with the Insured's Family, in the event of an Incident during the Journey.	

	Cover Limits per person
COVER 2. BAGGAGE	
Compensation of material damage to the checked-in Baggage of the Insured, consequence of fire, explosion, fracture or robbery or loss by the official carrier. Compensation is limited to € 350 per baggage. Maximum compensation per item within the baggage or of the baggage itself is € 150. Every item will be compensated based on its actual value at the time of the Incident and based on ageing, as per the original purchase receipt or pricing of equal or similar items when original receipts are not available.	€ 500
Compensation for purchase of items of first need, consequence of delay of arrival of the checked-in baggage of the Insured for more than 6 hours from the time of the Insured's arrival at the first final destination of the Journey. Alternatively, compensation to send a replacement baggage up to 20 kilos to the Insured, following delay of delivery of the checked-in Baggage for more than 12 hours from the time of arrival of the Insured at the first final destination of the Journey.	€ 100
<u>IMPORTANT GENERAL ADVICE AND OBLIGATIONS</u>	
<ol style="list-style-type: none"> 1. Valuables, money and important documents should not be contained in the checked Baggage. 2. Valuables, money, documents and personal items should not be left unattended or in care of persons unknown to the Insured. 3. If the Insured carries particularly precious objects in the Journey, these should be secured with a separate insurance contract as certain terms and conditions of Serenity Insurance do not cover them. 4. The Insured should not carry more cash than necessary and must use Travellers Checks and make use of secured safes, when they are available. 5. In the event of loss, theft, damage or misdirection of baggage, the Insured must require immediately a Property Irregularity Report and a written confirmation of compensation or other benefit from the carrier (airlines, etc) or their official representatives. In most flights, the airlines are liable for loss, theft or damage of baggage and cover up to US\$20,00 per kilo of checked baggage and up to US\$400,00 for hand baggage (unchecked handbags). 	
COVER 3. ADDITIONAL COVERS	
Cash transfer to convenience the Insured during Journey, in the event of loss or theft of money or legal entanglement of the Insured as a consequence of an Incident during the Journey, following guarantee of repayment of the transferred amount within 30 days from the day of the fronting.	€ 1.000
Provision of contact information, in the event of loss or theft of credit cards or Traveler's cheques of the Insured during the Journey, in order to proceed with the necessary steps for their cancellation or substitution.	Unlimited Service
Compensation of expenses, for the calls of the Insured from a land phone for the communication with the insurance, in the event of any Incident during the Journey.	€ 300
Expenses for one hotel overnight of the Insured and up to one also Insured companion, in case the Insured is not able to depart on time to return from the Journey, due to theft or loss of official documents essential for his/her return trip, on the scheduled date.	€ 75 per person € 750 per Journey
Expenses for road repair or towage to the nearest service shop, in the event of a breakdown of the Vehicle of the Insured on the way to the point of departure for the Journey in the domicile or place of residence. Missed departure due to the breakdown is not covered.	€ 130
Compensation of the cost of a Taxi from the location of the Insured's Vehicle, in the event of towage of the Vehicle, if it's necessary in order to try to reach the departure point on time for the Departure. Missed departure due to the breakdown is not covered.	€ 75
COVER 4. PERSONAL ACCIDENT	
Compensation to the beneficiaries in the event of death of the Insured from an accident during the Journey, or	€ 30.000
Compensation to the Insured in the event of permanent disability from an accident during the Journey in a percentage proportional to the degree of disability, taking the cover amount indicated as 100%.	€ 30.000
The maximum limit for Cover 4 (Personal Accident) is € 240.000 per Incident and per Journey in total for all the Insured persons travelling.	

SECTION 2. DEFINITIONS:

The following terms shall have the following meanings in these policy conditions:

INSURED/You: The person insured by this policy and anyone acting on his/her behalf. For Insured persons older than 70 years old all the covers apply except health related Incidents (including being diagnosed with an epidemic or a pandemic disease such as COVID-19).

INSURERS/INSURANCE COMPANY: The Greek branch of the insurance company AWP P&C S.A. , located at 10 Premetis Street, 17342 Agios Dimitrios, Attika, Greece, tel: (+30) 210 99.88.100.

TRAVEL/JOURNEY: Travel to any part of the world with the exception of destinations which the insurance company has selected not to cover due to travel directives, with duration up to 90 (ninety) days, using an approved official carrier, for professional or recreation purpose and with destination and scheduled intermediate stops which are stated during the time of issue of the Contract.

EUROPE: The Geographic region of Europe and the countries bordering the Mediterranean Sea.

NORTH AMERICA: USA and Canada

WORLD: The remaining world, besides Europe and North America.

FAMILY: The spouse, the children, the parents, the parents-in-law and the siblings of the Insured.

GLOBY/SERENITY: One of the selected travel insurance programs underwritten by the insurance company, for which the corresponding premium has been paid.

CONTRACT: The present insurance Contract.

INCIDENT: Any state or occurrence, such as sudden illness or accident or any other incident covered explicitly by the present Contract.

ILLNESS: A sudden incident which occurs during the Journey for which treatment is essential in order to maintain life and/or to provide alleviation from the pain, suffering or lesions.

PRE-EXISTING MEDICAL CONDITION: Any serious or recurring medical condition which has been previously diagnosed or been investigated or treated in any way, at any time prior to travel, even if this condition is currently considered to be stable and under control.

HOSPITAL: The organization that undertakes the accommodation of patients for the provision of diagnosis and treatment.

VEHICLE: The automobile or motorcycle used by the Insured, for the transfer to the first point of departure in the place of residence or domicile, not older than 10 years.

BAGGAGE/LUGGAGE: The personal property that the Insured uses for the Journey.

VALUABLES: Photographic cameras, telecommunication, audiovisual, electronic and stereo equipment their accessories and consumables, antiques, jewellery, clocks, precious stones, objects made of or that contain gold, silver or other precious metals, furs, silks and perfumes.

PERSONAL ACCIDENT: Bodily injury that is caused exclusively from violent, accidental and by external and visible means, during the Journey of the Insured and constitutes the exclusive cause of death or permanent total or partial disability.

MANUAL LABOR: Any type of technical work or work as laborer, such as (but not limited to) work involving the lifting or carrying of heavy items in excess of 15 kilograms, work that requires use of tools, whether electric or not, work at underground or elevated facilities.

EXCESS: Uninsured amount which is subtracted first before the reimbursement from the corresponding cover of insurance.

NATURAL DISASTER: All Natural destructions (without limitation) caused by such elements as earthquakes, tidal waves, hurricanes, storms, volcano eruptions, floods, etc.

WAR: Hostilities or use of military force from any nation or race for economic, geographic, nationalistic, political, racial, religious or other aims.

TERRORIST ACT: Actual or threatened use of means, force or violence with direct or indirect scope the cause of damage, wound or agitation, aiming at the human life, property or possessions or at government for the achievement of financial, national, nationalistic, political, racial or other aims.

STRIKE: Any form of workers' movement, disturbance or agitation with intention the hindrance or the interjection of provision of services or production.

EPIDEMIC: A contagious disease recognized by the World Health Organization (WHO) or an official government authority in your country of residence or your trip destination.

PANDEMIC: An epidemic that is recognized as a pandemic by the World Health Organization (WHO) or an official government authority in your country of residence or your trip destination.

QUARANTINE: Mandatory confinement, intended to stop the spread of a contagious disease to which you or a traveling companion has been exposed. This does not include any quarantine that applies generally or broadly to some or all of a population, vessel or geographical area (such as quarantine of a country, region, department city or part of it), or that applies based on where the person is traveling to, from or through, which are not covered.

SECTION 3. DIRECTIONS FOR CLAIMS

In the event of an accident or Illness of the Insured with forecast for hospitalization, the Insured or anyone acting on his/her behalf, should contact the insurance company immediately at **(+30) 210 99.88.118** (24 hours a day), so that the cover is confirmed in order to arrange for the direct payment of expenses, otherwise the insurance company may not cover it. For every other case of Incident, the Insured should contact the insurance company within 30 (thirty) days from the day of Incident, providing:

- ■ The Insurance certificate number and the information indicated on it.
- ■ Description of the Incident.
- ■ Original Medical information and receipts.
- ■ Original relative elements and proofs.

All additional related documents not provided, will be obtained at the expense of the Insured.

SECTION 4. TERMS AND CONDITIONS

The insurance is constituted by the Directives, Advices, Terms, Conditions and Exclusions that are reported in the present Contract which are applicable in all the sections of the present. Non conformity means that the insurance company may not cover claims partially or entirely.

Part 1. Activation & Effective Period

- 1.1 More the one Incident during the Journey is covered unless a differentiation clause is indicated.
- 1.2 Vehicle cover is in effect upon departure from the domicile or place of residence for the Journey and expires when the first port of departure is reached.
- 1.3 The remaining covers are in effect upon departure from the country of domicile or permanent residence for the Journey and expire upon return from the Journey to the country of permanent residence.

Part 2. General Terms

- 2.1 When travelling within the European Union, the Insured should make use of the form for the Retributive Agreement of Health of the European Union. For information regarding the supply of the form, the Insured may contact the insurance company.
- 2.2 If the Insured needs immediate medical care, the insurance company **must be** notified immediately.
- 2.3 In the event of death of the Insured, the insurance company maintains the right to require an autopsy before or after the burial, on the expense of the legal representatives of the Insured.
- 2.4 In the event that Medical transfer is required, only normal transportation means will be utilized for transport from a point which is accessible to them.
- 2.5 The insurance covers are expressed in Euros. For expenses paid outside of Europe, benefits are paid in the official exchange rate of the local currency to the Euro, at the day of the transaction.
- 2.6 Benefits for each Incident, cover in total up to the exhaustion of the indicated sum on Section 1 (Table of Covers) for the particular cover per Insured, after the application of any applicable Excess and of any amount compensated by any other insurance company or third party up to the actual cost of the damage in total compensation.
- 2.7 The Insured should allow the representatives of the insurance company to examine him/her, to inspect the medical records and make available all useful elements for the assessment of the Incident.
- 2.8 In case of any Incident, the Insured should notify the insurance company in order to activate the cover and to inform for the compensation or benefit from any other third party.
- 2.9 In case any Incident that is covered by this Contract is also covered by another insurance contract or third party, the insurance company will only pay its corresponding share last; up to -in total compensation- the corresponding insured amount on the Table of Covers for the Insurance Program selected.
- 2.10 The Insured **owes to** follow all the Directives, Advices, Terms, Conditions and Exclusions of this Contract, in order to avoid rejection of coverage.
- 2.11 The Insured should assist the insurance company in recovering any payments made which are actually covered from any other insurance contract or third party.
- 2.12 The Insured should compensate the insurance company within 30 days from the day of the demand, any sum which was paid to or guaranteed on his/her behalf but it is actually not covered by this Contract.
- 2.13 No return of premium is allowed after the legal renunciation period or the expiration of the Contract or past the effective date of any cover of this Contract.
- 2.14 The Insured should not undertake any responsibility that commits the insurance company without the prior consent of the insurance company.
- 2.15 The insurance company has the right to regulate ipso jure all issues that result from or in relation to claims, on behalf of the Insured.
- 2.16 The insurance company will not cover any Incident that was caused due to the Insured's failure to act in a responsible and prudent way in order to deter from it or didn't take care of his/her property.
- 2.17 The insurance will be cancelled and the Insured will be prosecuted in the event of intended distortion, falsification, false description or dissimulation of circumstances or materials.
- 2.18 The Insured will not factor in the decision for the choice of and the order of claims that will be compensated. All these decisions will be made strictly by the insurance company.
- 2.19 The insurance company is not liable for any claim, obligation, entrustment, agreement, expense, demand, cession or transfer of any benefit arising from this Insurance.
- 2.20 The Insured **must** follow the advice of the insurance company for the handling of an Incident and **must not** negotiate, pay, arrange or recognize any claim without the prior explicit consent of the insurance company.
- 2.21 The insurance company can act on behalf of the Insured, in order to recover or ensure compensation from third parties, for an Incident that was covered by the Contract. The sum that will be recovered or ensured will belong to the insurance company.
- 2.22 The Insured (depending on the Incident) should retain any destroyed items or tickets which have not been used and provide them to the insurance company.
- 2.23 The insurance company manages the information and personal data of the Insured, in compliance with the directives of the Committee of Protection of Personal Data.
- 2.24 All ticket benefits issued from the Contract will be issued exclusively by the insurance company and will be by Air - Economy Class, or by Railway, Ferry or Road Transportation - A' Class.
- 2.25 This Contract is regulated, interpreted and is in effect according to the Greek legislation. The Greek version of the Terms, Conditions and Table of Covers, supersedes any version in other languages. In the event of conflict between

the insurance company and the Insured as for the interpretation of the Contract, the conflict will be resolved by the competent courts of Greece in Athens.

SECTION 5. EXCLUSIONS

Part 1. Medical Incidents, when the Insured:

- 1.1 Travels, contrary to advices of doctor or physiotherapist.
- 1.2 Travels in order to receive medical advice or diagnosis, to be submitted in medical or chirurgical intervention, to receive treatment or to voluntarily interrupt pregnancy.
- 1.3 Was aware of a medical or physical condition or illness or disease his/her's or of any other individual who may influence the travel arrangements, prior to time the travel arrangements were made.
- 1.4 Suffers from lunacy, intellectual illness, sentimental or psychological trauma, concern, depression or fear of flights or travel.
- 1.5 Is in a waiting list to receive Hospital treatment.
- 1.6 Is expected to give birth within 4 (four) months, following the date of return from the Journey.
- 1.7 Is aware of a terminal diagnosis.
- 1.8 Has an Incident resulting from hospitalization or treatment prior to the Journey or that should continue during the Journey.
Additionally:
- 1.9 Insured must not travel against his/her home country's government advice or against local authority advice at his/her trip destination.

Part 2. Other Incidents of the Insured, resulting directly or indirectly from:

- 2.1 Cancellations after check-in or due to a Strike of any involved party, organization or company.
- 2.2 Damages or claims caused with deceit or because of omission of the Insured or of persons for which the Insured is responsible for.
- 2.3 Incidents which have not been reported to the insurance company, within 30 days from the day of the occurrence.
- 2.4 Incidents that require a police report, for which an authenticated by the local authorities copy of the police report is not submitted or for which a report to the authorities was not filed within 24 hours from the time of the Incident.
- 2.5 Purchases of items without the corresponding legal receipts.
- 2.6 Damages, cancellations and unwillingness to fulfil obligations or any other problem that influences the smooth conduct of the Journey due to bankruptcy, insolvency or economic hindrances of any enterprise or individual who is involved in the conduct of the Journey.
- 2.7 Damage caused from leakage of dust, liquids, foods or oils or from insects, moths or parasites in the Insured's Baggage.
- 2.8 Damage, fracture, scratching or dysfunction of Valuables, equipment, fragile objects, audiovisual means, prescription or sun glasses, dentures, oral prosthetic bridges, hearing aids and artificial body parts packed in the Baggage.
- 2.9 Damage caused by Natural Disaster.
- 2.10 Radiation, or infection caused by radioactivity, nuclear fuels or outcast, atomic explosions, radioactive toxic substances or matters of any nuclear component.
- 2.11 Construction and/or production, storing, filling, processing, transfer or use of fireworks, firing pins, ammunitions, nitroglycerin, and any kind of detonating gases and/or gases in pressure containers or toxic substances. (The exception is not applicable for gases used exclusively in residential applications).
- 2.12 War, civil War, invasion, revolt, revolution, use of military force, Terrorist Act or attempt of dissuasion or appeasement of a Terrorist Act.
- 2.13 Participation of the Insured in games and sports professionally or in competitions or in trials or training for such games or sports or participation in flying or dangerous or extreme sports, climbing, explorations and diving, hunting, flights or training as a pilot or as a member of staff in an airplane or a marine vessel.
- 2.14 Use of Vehicles for which the Insured **does not** hold a proper legal license to operate.
- 2.15 Deliberate exposure of the Insured in exceptional or unprovoked danger (with the exception of an effort to save a human life), self-destruction, suicide, attempt of suicide or deliberate self caused wound.
- 2.16 Non-organised land trips in inter-Asia or inter-Africa (apart from trips with train).
- 2.17 Participation of the Insured in War operations, military service in armed forces or participation in criminal acts.
- 2.18 Any incident which occurs during manual labor and the consequences of any expense deriving by that incident.
- 2.19 Use or infusion of medication (except if they are provided with a prescription from a specialist doctor, with the exception of substitutes of narcotics or narcotic substances), alcoholism, intoxication or other abuse by the Insured.
- 2.20 Any pre-existing medical or health condition.
- 2.21 Wound, illness or death of the Insured, attributable to aphrodisiac diseases, to the HIV virus, to AIDS or to ARC and/or any variation of the previous.
- 2.22 Damage which is directly or indirectly resulting from epidemics and/or pandemics, except as expressly covered under «Assistance, Medical and hospitalisation expenses» as is indicated in Section 1. Table of Covers.

Part 3. The insurance company will discontinue the coverage of the Insured, for:

- 3.1 Consequent expenses of an Incident without the communication with and consequently the further approval of expenses from the call center of the insurance company.

- 3.2** Voluntary departure, without the previous approval of Medical personnel of a first aid center or hospital.
- 3.3** Rejection of the proposed by the insurance company transportation or repatriation means by the Insured or by a third party acting on his/her behalf.

INFORMATION FORM
(under article 150, par. 1 of L. 4364/2016)

Name of Insurance Company:

Greek Branch of the foreign insurance company under the name “AWP P & C S.A.”

Registered office of the Insurance Company:

10, Premetis str., Agios Dimitrios, Attica (Postal Code 173 42)

Applicable law:

Greek

How and when to settle written claims - complaints of the Insured or/and the Insurance Policyholder:

The Company must respond in writing to the Insured or/and Insurance Receiver, as the case might be, no later than fifty (50) calendar days after receipt of any complaint you submit. Submitting such a complaint does not interrupt the prescription period of your claims against the Company, nor does it limit your right to contact the competent authorities or to appeal to Justice. For more information on our “Complaints Procedure” please visit our website www.mondial-assistance.gr

1. INTRODUCTION

Our Company's highest priority is to best respond to your insurance needs by providing effective high-quality services at any time. In the light of the above, in this section you can receive information on how to submit a complain about your contract or insurance services provided by our company. In more detail:

2. WHAT IS CONSIDERED A COMPLAINT

The expression of dissatisfaction by a natural or legal person related to the insurance policy or the insurance services provided to him/her/it, in any way, e.g. contractor/policyholder, insured, indemnity insurance beneficiary, third party injured under non-life insurance. Complaints are also considered, in accordance with law, notices of insurance claims, claims for compensation and requests related to your contract and the provision of information or clarifications about it.



3. WHAT IS THE PROCEDURE TO SUBMIT YOUR COMPLAINT

To submit your complaint, you can fill in the online Complaint Submission Form or an equivalent form, which you may send us in any of the following ways, and specifically:

- (a) either by e-mail to the e-mail address globy@mondial-assistance.gr,
- (b) either via fax to 0030.211.10.99.818,
- (c) either by post to the address:

Greek Branch of the foreign insurance company “AWP P & C S.A.”
10, Premetis str., Agios Dimitrios
107 43, Athens

In any case, if you do not choose to submit the online Complaint Form, but the other relevant form, this should at least include the following data:

-  Name and Surname
-  Father's name

- Date of birth
- Insurance policy number (or registration number in the case of vehicle insurance)
- Contact number
- Your status under contract (insured, covered member, prospective client, etc.)

4. WHAT IS THE COMPLAINT MANAGEMENT PROCEDURE WE FOLLOW TO HANDLE YOUR COMPLAINT

As soon as we receive your complaint, the Complaints Management Department will record your request and create a corresponding envelope. To handle and respond to it, it will collect any information required by the relevant departments of the Company.

The Company must send you a written and reasoned reply within fifty (50) calendar days of receipt of your complaint. In the event of any delay, it must inform you in writing both of the delay as well as the reason for that delay.

5. AUTHORITIES YOU MAY CONTACT

In addition to submitting your complaint or in case you are not satisfied with the Company's response, you may appeal to the Independent Administrative Authority "Consumer Ombudsman" using the following data:

Address: 144, Alexandras Avenue, Athens (Postal Code 114 71)

Website: <http://www.synigoroskatanaloti.gr/>

Contact numbers: 210-6460862/210-6460814

6. PRESCRIPTION OF YOUR CLAIMS AGAINST THE COMPANY

Any of your claims against the Company is prescribed at the end of the period provided for by the relevant applicable law. Submitting a complaint as mentioned above does not interrupt the statutory prescription period concerning your legal claims.

COMPLAINT SUBMISSION FORM

Your Personal Details

Name *

City/District *

Telephone *

Email *

VAT Number *

Insurance Policy Number

Your Complaint

Issue *

Please describe in detail all facts concerning your complaint and the dates and names of the persons involved so that our company can more easily give you a reasoned reply.

I declare that I expressly and unconditionally consent to the processing of my personal data by the Company so that it can handle the complaint I am now submitting.

DATA PRIVACY STATEMENT

I. INTRODUCTION

The company with the trade name AWP P&C S.A., located in 10 Prementis Str., 173 42, Agios Dimitrios, Attica, (hereinafter «AWP» or «Company»), is Data Controller of your personal data that is collected in relation to our insurance products. We, in AWP, respect our clients' privacy and have set their data protection as a key priority.

II. WHAT PERSONAL DATA DO WE PROCESS?

The collection and processing of your personal data in relation to our insurance products is conducted by our authorized employees or partners and is related to the information you provide us on the website <http://www.mondial-assistance>, or on our partners' websites or on our portal which is accessible by our partners, either when you request an offer or when an insurance contract is being issued. Said personal data might include:

a) When you request an offer, information such as:

- Type of travel,
- Country of Departure & Destination
- Departing & Returning Dates
- Number of travelers and their age
- Travel Costs

b) When the insurance contract is being issued, additional information such as:

- Identification Data (Name, Tax Number & Tax Office, ID & Date of issuance or Passport and Issuance Authority),
- Contact Data (post address, email, telephone numbers)
- Demographic Data (gender)

c) In case the insured risk has occurred, sensitive data might be also processed, such as:

- Incident description
- Medical expenses
- Medical history
- Medical report

III. WHAT IS THE PURPOSE OF YOUR PERSONAL DATA PROCESSING?

Our Company processes the aforementioned personal data for the following purposes:

A) It is required for the issuance of the insurance contract and for the assistance:

- v. For identification purposes,
- vi. For communication purposes for any issue related to our contractual relationship
- vii. In order to assess any insurance risks, to agree on the general and specific terms of the insurance contract and the respective premium
- viii. In order to manage the insurance contract at all stages, from risk assessment to claims. Please note that in case we are required to process sensitive personal data for the aforementioned purposes, we will ask for your explicit consent. Objection to provide consent or the required information, as well as possible withdrawal of your consent in the future, will give the Company the right to immediately terminate the insurance contract and to refuse to fulfill any obligation arising from this contract. In any case, we remind you that you have the right to withdraw your consent at any time, without of course

prejudicing the legitimacy of the processing based on consent prior to its revocation.

B) In order to comply with our obligations deriving from applicable legal framework, in particular in relation to insurance and tax legislation.

C) In order to inform you about new products or/and services, provided that you have given your explicit consent, pursuant to the aforementioned.

IV. WHO ARE THE RECIPIENTS OF YOUR DATA?

The Company is committed that only natural or legal entities that are under its control and act only on its behalf and have the required professional qualifications have been authorized in writing to process your data and are fully bound by the confidentiality and obligations provided by legislation.

Your personal data might be transferred to other insurance companies, affiliated companies of Allianz Partners Group and to service providers, as long as it is required for the fulfillment of the insurance contract, such as agents, insurance intermediaries, compensation management companies, emergency transport companies and second medical opinion, logistics companies, customer service companies, lawyers, researchers, experts.

Finally, the Company may disclose your data to the competent public / judicial authorities to the extent required by the applicable legal and regulatory framework, if requested or if it is mandatory, without prior notice.

V. TRANSFER OF PERSONAL DATA

The Company may, in the course of its business transfer/receive personal data to and from insurance companies, affiliated companies of Allianz Partners Group if required.

The aforementioned transfer takes place in accordance with European legislation for companies located in countries within the European Union or the local legal framework for companies located outside the European Union.

The transfer of personal data to countries outside the European Union takes place only if these countries provide an adequate level of protection of personal data. If the third country outside the European Union does not provide an adequate level of protection of personal data, personal data may be transferred to that country only if protection is provided by a data transfer agreement or the criteria set under European and national legislation are met.

VI. RETENTION PERIOD

The personal data processed by the Company is retained throughout the duration of the processing. Upon expiration of this period, the data is kept in accordance with the applicable legal framework or for as long as it is required to defend the Company's rights before a Court or other competent Authority. The Company has in place a destruction procedure, which takes into consideration whether it is necessary to keep the data for compliance with legal and regulatory requirements or for the protection of the Company's interests, and is based on the instructions of the Data Protection Authority Of Personal Character (1/2005 DPA). The Company ensures that this process is also binding towards third parties providing services in the name and on behalf of it and any other persons with whom it cooperates in the context of outsourcing or other agreements.

VII. OUR COMMITMENTS

We will retain your personal data up-to-date and accurate, we will store and delete it with safety, we will not collect and retain data that is not necessary, we will protect your data against any unauthorized or accidental access, disclosure, processing, deletion, modification or other use and we will take all adequate technical and organizational measures to protect your data.

VIII. YOUR RIGHTS

According to applicable legislation you have and can exercise the following rights:

- right of access to your personal data, as well as to the information related to their processing,
- right to rectification of inaccurate or incomplete personal data,
- right to deletion,

- right to restriction of the processing of your personal data, where explicitly provided for by legislation,
- right to data portability in a structured, commonly used and machine-readable format (e.g. CD-ROM),
- right to have your data (directly) transmitted to another controller,
- right to object to the processing of your personal data, where explicitly provided for by legislation
- right not to be subject to a decision based solely on the automated processing and to request human intervention in such case, as well as
- right to withdraw any consent given at any time

In case of an automated decision-making, you have the right a) to receive specific information for such processing, b) justification of the respective decision, c) to be heard, and d) to object to such decision. You can exercise any of the abovementioned rights by submitting a written request to our Data Protection Officer, via email: dpo@mondial-assistance.gr with subject "GDPR" or via post to AWP P&C S.A. to the following address 10 Premetis Str, PC 17342, Ag. Dimitrios Athens. We charge no fee for the exercise of the aforementioned rights, unless there is a repetition of requests or the volume of data is excessive and that results in administrative burden for our Company.

In any case, if you feel that the protection of your personal data is violated in any way whatsoever, you have the right to lodge a complaint to the Hellenic Data Protection Authority, using the following contact details:

Website: www.dpa.gr

Postal Address: 1-3 Kifissias Ave., 115 23 Athens, Greece

Call Center: +30 210 6475600

Fax: +30 210 6475628

E-mail: contact@dpa.gr