

## **Optional travel insurance: Overview of changes to the General Conditions of Insurance from 1 May 2023**

### **1. The main changes at a glance:**

#### **1.1. Formal changes / more specific wording**

The address of the insurer has been amended.

In addition, various corrections have been made and more precise wording has been used in order to improve readability.

#### **1.2. Content-related changes**

**General changes:** The name of the risk carrier has been changed to Helvetia Swiss Insurance Company Ltd (previously EUROPEAN Travel Insurance Co. Ltd). European Travel Insurance ERV, a branch of Helvetia Swiss Insurance Company Ltd, is now responsible for the insurance.

**General changes:** The statute of limitations period has been extended from two to five years.

**General changes:** A new article on the right of cancellation has been added.

**General changes:** The general exclusions now include events caused by a pandemic. The exceptions are if the insured person falls ill and their own isolation/quarantine in the event of infection.

**Claim notification:** Claim notifications are now sent directly to the insurer rather than to Würth Financial Services AG.

**Cancellation costs and abandonment of trip:** Events are now included where the Swiss authorities have issued an official travel warning for the travel destination.

## 2. The changes in detail

INFORMATION FOR PERSONS INSURED UNDER COLLECTIVE INSURANCE			
Section/article of GCI & title	Content – previous	Content – new	Comment
Information for persons insured under collective insurance	The following information for persons insured under collective insurance provides an overview of the identity of the insurers and the material content of the insurance contract ( <b>Article 3 (3) of the Swiss Federal Law on Insurance Contracts [Bundesgesetz über den Versicherungsvertrag</b> (hereinafter: "VVG")). The specific rights and obligations of the insured persons are derived from the Terms and Conditions of Insurance (hereinafter: "CI"), any application forms, and from the applicable provisions of law (VVG).	The following customer information provides an overview of the identity of the insurer and the material content of the insurance contract. The specific rights and obligations of the eligible persons are set out in the General Conditions of Insurance (hereinafter: "GCI"), any registration forms and the applicable legal provisions ( <b>Swiss Federal Act on Insurance Policies, hereinafter "IPA"</b> ).	Art. 3 para. 3 of the Swiss Federal Act has been deleted; reference is now made to the Swiss Federal Act on Insurance Policies without specifying the article. Art. 3 para. 3 is no longer correct; nor is it required any longer, as this provision only applies to collective personal insurance.
1 Contracting parties	The Insurer and risk bearer is: <b>EUROPEAN Travel Insurance Company Ltd</b> (hereinafter: "the Insurer"), a stock corporation under Swiss law with registered offices at St. Alban-Anlage 56, P.O. Box, 4002 Basel.  The Insurer and the Issuer can delegate tasks to service provision companies pursuant to the Terms and Conditions of Insurance.	The risk carrier for this insurance is: <b>Helvetia Swiss Insurance Company Ltd</b> , Dufourstrasse 40, 9001 St. Gallen. Responsibility for this insurance lies with: <b>European Travel Insurance ERV</b> (hereinafter the "insurer"), a branch of <b>Helvetia Swiss Insurance Company Ltd</b> domiciled at St. Alban-Anlage 56, P.O. Box, CH-4002 Basel.  In accordance with the General Conditions of Insurance, the insurer and the issuer may delegate tasks to service providers.	Formal change: Identity/name of risk carrier changed to Helvetia. European Travel Insurance ERV, a branch of Helvetia Swiss Insurance Company Ltd, is now responsible for the insurance.
New 5 What type of insurance is it?		Your insurance is generally insurance against loss. Fixed-benefit insurance policies are expressly designated as such in the contract documents (e.g. registration form, GCI).	Supplemented in accordance with IPA revision
New 6 What insurance benefits are provided?		The amount and/or maximum limit, type of insurance benefits, as well as any deductibles, can be found in these GCI and SCI.	Supplemented in accordance with IPA revision
Previously 6 / Now 8 Term and termination of the insurance and the insurance cover	The insurance cover shall normally be in force as long as the underlying card relationship and the registration with the Collective Insurance Agreement are effective. Special provisions on the term of insurance cover (depending on covered risk) can be found in the Terms and Conditions of Insurance.  1.1 Registration term Insurance cover begins <b>according to notice from the Issuer</b> on the date that was agreed upon by the cardholder with the Issuer at registration with the Collective Insurance Agreement. The registration with the Collective Insurance Agreement shall apply for one year from the date shown in the insurance certificate. After passage of this year, the registration will be extended by tacit agreement by one month unless the cardholder or the Issuer gives notice of termination in writing in compliance with a notice period of 30 days, effective at the end of the month. Insurance cover terminates in all cases upon termination of the card relationship pursuant to the Issuer's General Terms and Conditions	In principle, the insurance cover exists for as long as the underlying card relationship and the registration with the collective insurance contract are in effect. Special provisions regarding the duration of insurance cover (depending on the insured risk) can be found in the General Conditions of Insurance.  The insurance cover begins on the day agreed by the cardholder with the issuer when registering with the collective insurance contract. Registration with the collective insurance contract is valid for one year from the date specified in the insurance confirmation. Once this year ends, registration shall be extended by tacit agreement for a further month in each case unless terminated by the cardholder or issuer by giving 30 days' notice to the end of a month in writing <b>or in some other form capable of serving as textual evidence</b> . The insurance cover ends in any event on termination of the card relationship in accordance with the issuer's General Conditions of Insurance or on termination of registration with the collective insurance contract. The insured event must occur during the insurance period. Previous or subsequent events are not taken into account.	Structural change Entire paragraph from the GCI (GCI III Art. 1.1 + 1.2) now also included under customer information and simplification of formal requirements in accordance with IPA revision

	<p>of Insurance or upon termination of the registration with the Collective Insurance Agreement.</p> <p>1.2 Applicability period and area of application The insured event must occur during the insurance term. Prior or subsequent events will not be taken into consideration. Insurance cover applies worldwide for private travel for a maximum of 90 days, regardless of whether the travel service was obtained using the Card. In case of longer stays, cover lapses starting on the 91st day.</p> <p>The insurance cover also applies to booked services that were booked a maximum of six months prior to commencement of insurance, as long as the insured event occurs after the beginning of insurance.</p> <p>The insurance cover for the individual services can be limited in time. Please note the information in the SCI. If the insurance cover is limited in time, the arrival and departure dates shall be calculated as one day each.</p>	<p>The insurance cover is valid worldwide for private travel of up to 90 days, irrespective of whether the travel service was paid for using the card. In the case of lengthier stays, cover lapses from the 91st day. The insurance also covers services booked no more than six months prior to inception of the insurance, provided the insured event occurred after the inception of the insurance. In the case of individual benefits, the insurance cover may be limited in terms of time. Please note the information in the SCI. If the insurance cover is limited in terms of time, the day of arrival and day of departure are each calculated as one day.</p>	
New 9 Acceptance of the General Conditions of Insurance	<p>The present Terms and Conditions of Insurance (CI) will be delivered to the cardholder upon registration with the Collective Insurance Agreement and are available on the Issuer's website.</p>	<p>These General Conditions of Insurance (GCI) are sent to the cardholder on registering with the collective insurance contract and can be viewed on the issuer's website.</p>	<p>Structural change Entire paragraph from the GCI (GCI III Art. 1.3) now also included under customer information</p>
New 10 Change in scope of cover or premiums	<p>Changes in the premiums, these terms and conditions, and/or the insured amounts can be agreed upon by the Insurer and the Issuer (as the policyholder). The principal cardholder will be informed thereof in a timely manner and in suitable form. They shall be deemed approved by the principal cardholder if the insurance cover has not been cancelled by a date before the amendments enter into force.</p> <p>There is no obligation to inform the principal cardholder in case of changes to the terms and conditions that cannot have a negative effect on the insured person.</p>	<p>The insurer and the issuer may adjust premiums and insurance conditions.</p> <p>Changes to the premiums, these conditions and/or the sums insured may be agreed by the insurer and the issuer (as policyholder). The main cardholder is informed of them in a timely and appropriate manner. They are deemed to have been approved by the latter unless the insurance cover is terminated at a date prior to the change taking effect.</p> <p>There is no obligation to inform the main cardholder in the event of changes to the conditions that do not have a negative impact on the insured persons.</p>	<p>Structural change Entire paragraph from the GCI (GCI III Art. 6) now also included under customer information</p>
New 11 When is there a right of cancellation?		<p>The eligible person may revoke their application to conclude the contract or their declaration of acceptance of such contract in writing or in some other form capable of serving as textual evidence. The revocation period is 14 days and commences as soon as the eligible person has applied for or accepted the contract. This period is considered to have been met if the eligible person has notified ERV or Swisscard of the revocation or submitted their notice of revocation to the postal service on or by the last day of the revocation period.</p>	<p>Supplemented in accordance with IPA revision</p>
Previously 8 / Now 12 Information on the processing of personal data	<p>The Issuer and Insurer process data that result from the contract documentation or contract processing and use these data particularly for calculating the premium, for risk evaluation, for processing claims, and for statistical analyses. In addition, the Issuer is authorized to use data particularly from the contract documentation and the contract processing for marketing purposes. The data are processed, particularly obtained, stored, used, revised, disclosed, archived, and destroyed, physically or electronically in accordance with legal regulations. The Issuer and the Insurer can exchange data for processing to the necessary extent with third parties in Switzerland or abroad involved in contract processing, co-insurers and reinsurers.</p>	<p>The issuer and the insurer process data arising from the contract documents or contract processing and use this in particular to calculate premiums, assess risks, process insurance claims and perform statistical analyses. In addition, the issuer is entitled to use data, in particular from contract documents and contract processing, for marketing purposes. The data is processed, and in particular procured, stored, used, revised, disclosed, archived and destroyed physically or electronically in accordance with the legal provisions. To the extent necessary, the issuer and the insurer may exchange data with third parties in Switzerland and abroad involved in contract processing, co-insurers and reinsurers, service providers, as well as Swiss and foreign companies belonging to the insurer, for</p>	<p>Link added</p>

	service providers, and domestic and foreign companies belonging to the Insurer. In addition, the Issuer and the Insurer can obtain relevant information from government offices and other third parties, particularly with regard to the claims history. This applies independently from the creation of the contract. The insured person has the right to demand from the Issuer as well as the Insurer the information provided for by law regarding the processing of the data relating to the insured person.	processing purposes. The issuer and the insurer may also obtain pertinent information, especially on past claims experience, from government offices and other third parties. This applies independently of the contract entering into force. The eligible person is entitled to request the information specified by law from the issuer and the insurer concerning the processing of the data regarding the eligible person. <b>The data privacy provisions at <a href="http://www.erv.ch/datenschutz">www.erv.ch/datenschutz</a> contain further information on the purposes for which personal data is processed by the insurer.</b>	
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## INSURANCE CONDITIONS

### I. C. Definitions

	To facilitate reading, only the masculine form is used in this document.	Use of the male gender to facilitate readability is intended to also refer to the female gender.	Formal change
Pandemic	-	A pandemic is the global spread of an epidemic.	Definition of the term "pandemic" has now been added.
Epidemic	An epidemic is an infectious disease ( <b>e.g. influenza</b> ) that occurs to an extraordinary degree, limited in location and time.	An epidemic is an infectious disease which occurs to an above-average extent, limited in terms of both place and time.	More clearly defined
Insurer and claims adjuster	The Insurer is <b>EUROPEAN Travel Insurance Co. Ltd</b> (hereinafter referred to as "the Insurer") with registered offices at St. Alban-Anlage 56, P.O. Box, 4002 Basel.	The risk carrier for this insurance is: <b>Helvetia Swiss Insurance Company Ltd</b> , Dufourstrasse 40, 9001 St. Gallen. Responsibility for this insurance lies with: <b>European Travel Insurance ERV</b> (hereinafter the "insurer"), a branch of <b>Helvetia Swiss Insurance Company Ltd</b> domiciled at St. Alban-Anlage 56, P.O. Box, CH-4002 Basel.	Formal change: Identity/name of risk carrier changed to Helvetia. European Travel Insurance ERV, a branch of Helvetia Swiss Insurance Company Ltd, is now responsible for the insurance.

### III. General Conditions of Insurance (GCI)

1.1 Duration of the insurance	Insurance cover begins <b>according to notice from the Issuer</b> on the date that was agreed upon by the cardholder with the Issuer at registration with the Collective Insurance Agreement. The registration with the Collective Insurance Agreement shall apply for one year from the date shown in the insurance certificate. After passage of this year, the registration will be extended by tacit agreement by one month unless the cardholder or the Issuer gives notice of termination in writing in compliance with a notice period of 30 days, effective at the end of the month. Insurance cover terminates in all cases upon termination of the card relationship pursuant to the Issuer's General Terms and Conditions of Insurance or upon termination of the registration with the Collective Insurance Agreement.	The insurance cover begins on the day agreed by the cardholder with the issuer when registering with the collective insurance contract. Registration with the collective insurance contract is valid for one year from the date specified in the insurance confirmation. Once this year ends, registration shall be extended by tacit agreement for a further month in each case unless terminated by the cardholder or issuer, by giving 30 days' notice to the end of a month in writing <b>or in some other form capable of serving as textual evidence.</b> The insurance cover ends in any event on termination of the card relationship in accordance with the issuer's General Conditions of Insurance or on termination of registration with the collective insurance contract.	Formal change; simplification of formal requirements in accordance with IPA revision
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<p>2.1 Claims against third parties 2.2 Third-party benefits</p>	<p><b>Similar claims</b> If the insured person has a claim from another insurance contract (voluntary or obligatory insurance), then the Insurer's cover will be limited to that portion of the insurance benefits that exceeds what is covered by the other insurance contract. The costs will only be reimbursed a total of one time (clause of complementary and secondary benefits). <b>Third-party benefits</b> If the Insurer has paid benefits for a claim that was insured elsewhere, such benefits shall be deemed an advance. Re-payment of the advance shall occur by assignment to the Insurer of the insured person's claims against the other insurer that owes benefits. The assignment shall occur in place of payment and shall discharge the insured person's obligation.</p>	<p><b>Claims against third parties</b> If the insured person has been indemnified by a liable third party or their insurer, no payment will be made under this contract. If ERV is sued instead of the liable party, the insured person must assign their liability claims up to the amount of the expenses to ERV. In the case of multiple insurance (voluntary or compulsory insurance) ERV provides its benefits on a subsidiary basis, unless the conditions of insurance of the other insurer likewise contain a subsidiary clause. In this case the statutory provisions for multiple insurance are applicable. Costs will only be reimbursed in total once, even where there is multiple insurance with licensed companies.</p>	<p>Structural change 2.1 Similar claims and 2.2. Third-party benefits have been merged</p>
<p>2.3 General exclusions</p>	<p>The following events are not covered: 2.3.1 Events that already occurred or were discernable at conclusion of the insurance or booking the travel, or could have – hypothetically – been diagnosed by a physician during an examination. The provisions pursuant to Section IV.) A. 1.4 and Section IV.) C. 1.2 remain reserved; 2.3.2 Events arising in connection with illnesses and accidents that were not diagnosed by a physician and documented using a physician's certificate immediately following the time of occurrence; 2.3.3 Events where the expert (technical expert, physician, etc.) making findings about the claim directly benefits from it or is related by blood or marriage to the insured person; 2.3.4 Events that are a consequence of acts of war or are attributable to terrorism, subject to the provisions pursuant to Section IV.) A. 1.2. 2.3.5 Events in connection with kidnappings; 2.3.6 Events that are result of <b>orders by government agencies (arrest or bans on leaving a country, closure of airspace, etc.);</b> 2.3.7 Events occurring as a result of participating in: – Competitions, races, rallies, or training programs using motor vehicles or boats; – Competitions and training programs in connection with professional sports or an extreme sport; – Trekking trips and mountain trips with sleeping at an altitude above 4,000 meters above sea level; – Risky actions (risks) in which persons intentionally put themselves in particularly great danger; 2.3.8 Events occurring while driving a motor vehicle or boat without the legally required driving license, or if the accompanying person required by law is not present; 2.3.9 Events occurring under the influence of alcohol, drugs, narcotics, or medications; 2.3.10 Events occurring during intentional commission of crimes and misdemeanors or attempting to do so; 2.3.11 Events occurring in connection with suicide or self-mutilation, or attempting to do so; 2.3.12 Events caused by ionizing radiation of any kind whatsoever, particularly including nuclear transformations.</p>	<p>The insurance does not cover events – which had already occurred or were evident at the time of taking out the insurance or booking the travel or which could – hypothetically – have been diagnosed by a doctor during an examination. The provisions of para. IV.) A. 1.4 and para. IV.) C. 1.2 are reserved; – which occur in connection with illnesses or accidents that have not been diagnosed by a doctor immediately after the time of occurrence and are not supported by a medical certificate; – where the assessor (expert, doctor, etc.) who makes the findings on the loss event is a direct beneficiary or is related to the insured person either by birth or by marriage; – which are a consequence of warlike events or are due to terrorism, subject to the provisions of para. IV.) A. 1.2.5; – which are in connection with abductions; – which are a consequence of <b>official orders</b>; – which occur when taking part in o competitions, races, rallies or training sessions with motor vehicles or boats; o competitions and training sessions in connection with professional sport or an extreme sport, o trekking trips or mountain tours when sleeping at altitudes of over 4,000 m above sea level; o acts of daring (reckless actions) in which the person concerned knowingly exposes themselves to particularly great danger; – which occur when driving a motor vehicle or boat without the legally required driving licence or in the absence of the legally required accompanying person; – which occur under the influence of alcohol, drugs, narcotics or pharmaceuticals; – which occur on the occasion of the wilful or attempted commitment of crimes or offences; – which occur in connection with suicide, self-mutilation and the attempt thereof; – which are caused by ionizing rays of any kind, in particular as a result of nuclear reactions; – <b>caused by a pandemic. The exceptions are if the insured person falls ill and their own isolation/quarantine in the event of infection.</b></p>	<p>Exclusion 2.3.6 "orders by government agencies" reworded as "official orders" Additional exclusion in the case of a pandemic</p>

<p>3 What needs to be done when an insured event occurs?</p>	<p>3.1 Contact          – In case of a claim, Customer Service at <b>Würth Financial Services AG, Churerstrasse 10, 9400 Rorschach, Telephone +41 44 723 44 15, creditcards@wuerth-fs.com</b>,          – In case of emergency, the ALARM CENTER with 24-hour service, either at +41 848 801 803 or at the toll-free number +800 8001 8003, Fax +41 848 801 804. It is available to you day and night (also on Sundays and holidays). The ALARM CENTER will advise you as to the appropriate steps to take and will organize the necessary assistance.          3.2 The insured person must do everything <b>before and after the claim event</b> that contributes to avoiding or mitigating and clarifying the damage.          3.3 The Insurer must be provided with the requested information immediately and the necessary documents must be submitted.          3.4 In case of illness or accident, a physician must be visited immediately, informed of the travel plans, and his instructions must be followed. The insured person/person entitled to claim must release the physicians who treated them from the duty of confidentiality vis-à-vis the insurers regarding information that the Insurer needs in order to decide whether he has a duty to pay benefit.          3.5 In addition, we recommend that persons with chronic illnesses have their ability to travel confirmed in a physician's certificate issued immediately prior to booking a travel service.</p>	<p>3.1 Contact          In the event of a claim, please contact the <b>ERV claims service, P.O. Box, CH-4002 Basel, phone +41 58 275 27 27, schaden@erv.ch</b>;          – In the event of an emergency, please contact the 24-hour alarm center on +41 848 801 803 or on free phone +800 8001 8003. These numbers are available day and night (including Sundays and public holidays). The alarm center will advise on the appropriate course of action and organize the necessary assistance.          3.2 <b>If the insured event is imminent or has already occurred</b>, everything must be done to help avert or mitigate the loss.          3.3 The insurer must be provided with the required information and necessary documents immediately.          3.4 In the event of illness or accident, a doctor must be consulted immediately; the doctor must be informed of your travel plans and you must follow their instructions. The insured/eligible person shall release the doctors treating them from the duty of confidentiality towards the insurers in relation to information required by the insurer in order to assess its obligation to pay benefits.          3.5 In addition, we recommend that chronically ill persons have their fitness to travel confirmed in a medical certificate to be issued immediately before booking a travel service.</p>	<p>Claim notifications are now sent directly to the insurer rather than to Würth Financial Services AG; clarification of occurrence of insured event</p>
<p>5 What happens in terms of the payment of benefits?</p>	<p>5.1 The Insurer shall in principle pay its benefits in CHF. Translation of foreign currency will use the exchange rate of the date on which the costs were incurred.          5.2 Benefits improperly obtained from the Insurer must be reimbursed to the Insurer together with the expenses incurred by doing so, within 30 days, according to the rules of <b>Art. 62 et seq. CO</b>.          5.3 When assessing whether or not a trip to a country is reasonable because of strikes, unrest, war, terrorist attacks, epidemics, etc., the current recommendations of the Swiss authorities apply in principle. This will normally be the Federal Department of Foreign Affairs (FDFA) and/or the Federal Office of Public Health (FOPH).</p>	<p>5.1 The insurer generally pays benefits in CHF. Foreign currencies are converted at the exchange rate on the day on which these costs were incurred.          5.2 Any benefits unduly received from the insurer must be refunded to it within 30 days, together with any expenses incurred.          5.3 When assessing whether or not a trip to a country is reasonable because of strikes, unrest, war, terrorist attacks, epidemics, etc., the current recommendations of the Swiss authorities apply in principle. This will normally be the Federal Department of Foreign Affairs (FDFA) and/or the Federal Office of Public Health (FOPH).</p>	<p>Article with referencing removed</p>
<p>7 When do claims under this agreement lapse?</p>	<p>The claims become time-barred <b>two years</b> after occurrence of an insured event.</p>	<p>Claims lapse <b>five years</b> after the occurrence of an insured event.</p>	<p>Statute of limitations period extended in accordance with IPA revision</p>
<p>9 What law applies?</p>	<p>Swiss law shall apply exclusively to the Collective Insurance Agreement, particularly the Swiss Federal Law on Insurance Contracts (VVG).</p>	<p>This contract is governed by Swiss law. The basis of the contract comprises e.g. the customer information, the General Conditions of Insurance, further Special Conditions or supplementary conditions if applicable, and the declaration of registration. In all other respects, the Swiss Federal Act on Insurance Policies applies.</p>	<p>Reworded</p>
<p>New 10 What about the assignment of claims and limitation of liability?</p>	<p>-</p>	<p>When ERV pays the claim, the eligible person shall assign their claim resulting from the insurance contract as an automatic lump sum to ERV.           ERV only provides insurance cover and is only liable for claims or other benefits insofar as they do not conflict with sanctions or constitute a breach of sanctions under UN resolutions and do not breach trade or economic sanctions imposed by Switzerland, the European Union, the United Kingdom or the United States of America.</p>	<p>Provision on assignment of claims and limitation of liability in the case of trade and economic sanctions.</p>
<p><b>IV. Special Conditions of Insurance (SCI)</b></p>			

IV.) A. Cancellation costs and abandonment of trip			
1 Insured events	<p>1.1 Cancellation costs</p> <p>The Insurer provides insurance cover when the insured person cannot commence the booked travel service as a result of one of the events listed below, insofar as it occurred after purchase of the insurance or booking the travel:</p> <p>1.1.1 Unforeseeable serious illness, serious injury, serious complications of pregnancy, or death of</p> <ul style="list-style-type: none"> <li>– an insured person;</li> <li>– a co-travelling person;</li> <li>– a non-co-travelling person who is very close to the insured person;</li> <li>– the insured person's immediate substitute at the place of employment, so that the presence of the insured person there is indispensable.</li> </ul> <p>1.1.2 Strike (except for active involvement) on the planned travel route abroad. Unrest of all kinds, quarantine, epidemics, or elemental occurrences at the travel destination if they actually endanger the life and property of the insured person;</p> <p>1.1.3 Serious impairment of the insured person's property at his place of residence as a result of fire damage, elemental damage, theft, or water damage, so that his presence at home is indispensable;</p> <p>1.1.4 Cancellation or delay, as a result of either a technical defect or extreme weather events, of the public transportation to be used to the official place of departure (airport, departure railway station, port, or coach boarding location) in the country of residence;</p> <p>1.1.5 If, within 30 days prior to departure</p> <ul style="list-style-type: none"> <li>– the insured person unexpectedly starts a new permanent position in an employment relationship at a new employer (promotions and the like are excluded), or</li> <li>– the insured person's employment contract is terminated by his employer at no fault of his own;</li> </ul> <p>1.1.6 Theft of tickets, passport, or identity card;</p> <p>1.1.7 Pregnancy of an insured person if the date of return travel is later than the 24th week of pregnancy or if an immunization is required for the travel destination that represents a risk for the unborn child.</p>	<p>1.1 Cancellation costs</p> <p>The insurer shall provide insurance cover if the insured person is unable to take up the booked travel service as a result of any of the following events, provided this occurred after taking out the insurance or booking the trip:</p> <p>1.1.1 Unforeseen serious illness, serious injury, serious pregnancy complications or death</p> <ul style="list-style-type: none"> <li>– of an insured person;</li> <li>– of a person travelling with the insured person;</li> <li>– of a person not travelling with the insured person, who is very close to the insured person;</li> <li>– of the direct deputy at the place of work, so that their presence at work is essential;</li> </ul> <p>1.1.2 Strike (except in the case of active participation) on the planned travel route abroad. Unrest of any type, quarantine, epidemics or natural disasters at the travel destination if the life and property of the insured person is at real risk <b>and/or the Swiss authorities have issued an official travel warning for the destination</b>;</p> <p>1.1.3 Serious damage to the property of the insured person at their place of residence as a result of fire, natural disasters, theft or water damage so that their presence at home is essential;</p> <p>1.1.4 Failure or delay – both as a result of technical defect or extreme weather event – of the public transport to be used to reach the official place of departure (airport, departure railway station, port or coach boarding place) in the country of residence;</p> <p>1.1.5 If within the last 30 days before departure – the insured person unexpectedly takes up a new permanent job with a new employer (promotions, etc. are excluded) or – the employment agreement of the insured person is terminated by their employer through no fault of their own;</p> <p>1.1.6 Theft of tickets, passport or identity card;</p> <p>1.1.7 Pregnancy of an insured person, if the date of return is after the 24th week of pregnancy, or if a vaccination that would present a risk to the unborn child is recommended for the destination of travel.</p>	Extension of insured event 1.1.2
4 Duties in event of a claim	<p>4 <b>Obligations</b> in case of a claim</p> <p>4.3 Immediately upon discovering that a claim event has occurred, the insured person must report the claim to: <b>Würth Financial Services AG, Credit Card Department, Churerstrasse 10, 9400 Rorschach, Switzerland, Telephone: +41 44 723 44 15, Fax: +41 44 723 44 55, Email: creditcards@wuerth-fs.com</b></p>	<p>4 <b>Duties</b> in event of a claim</p> <p>4.3 The insured must immediately notify the <b>insurer</b> of any damage caused as soon as it is detected.</p>	Claim notifications are now sent directly to the insurer rather than to Würth Financial Services AG. Term "obligations" replaced by "duties"
IV.) B. Luggage			
3 Insured events	<p>3.1 The following are insured:</p> <ul style="list-style-type: none"> <li>– Theft, burglary, robbery;</li> <li>– Damage, destruction;</li> <li>– Loss during transport by the operators of public transportation.</li> </ul> <p>3.2 For camping, events pursuant to Section 3.1 are only insured within official campgrounds.</p>	<p>3.1 The insurance covers:</p> <ul style="list-style-type: none"> <li>– theft, burglary, robbery;</li> <li>– damage, destruction;</li> <li>– loss during conveyance by public transport operators.</li> </ul> <p>3.2 In the case of camping, events described in para. 3.1 are only <b>insured if they occur within officially approved camp sites</b>.</p>	Reworded
7 Obligations in event of a claim	<p>7.1 The insured person must</p> <ul style="list-style-type: none"> <li>– in case of theft or robbery, apply for an official investigation at the nearest police office within 48 hours or file a report on the case (police report, airline ticket loss report, etc.),</li> </ul>	<p>7.1 The insured person must</p> <ul style="list-style-type: none"> <li>– in the event of theft or robbery report the incident to the nearest police station (police report, airline ticket loss report, etc.) within 48 hours and request an official investigation;</li> </ul>	Claim notifications are now sent directly to the insurer rather than to Würth Financial Services AG; term "obligations" replaced by "duties" and simplification of formal requirements in accordance with IPA revision

	<p>– in case of damage or loss during transport of luggage, obtain immediate confirmation from the responsible office (hotel management, tour director, transportation company, etc.) of the causes, circumstances, and extent of the damage in a statement of facts, and also apply for compensation from that office;</p> <p>– after returning from the trip, notify Würth Financial Services AG or the Insurer in writing immediately and justify the claims;</p> <p>7.2 Immediately upon discovering that a claim event has occurred, the insured person must report the claim to: Würth Financial Services AG, Credit Card Department, Churerstrasse 10, 9400 Rorschach, Switzerland, Telephone: +41 44 723 44 15, Fax: +41 44 723 44 55, Email: creditcards@wuerth-fs.com</p> <p>7.3 The following documents must, inter alia, be submitted to the insurer <b>or Würth Financial Services AG</b>:</p> <p>– The original of the statement of facts (police report, airline ticket loss report, etc.)</p> <p>– The original confirmation, receipts, or purchase confirmations.</p> <p>7.4 Damaged items shall be kept for disposition by the Insurer.</p>	<p>– in the event of damage or loss of baggage during conveyance, have the causes, circumstances and extent of the damage confirmed immediately by the competent authority (hotel management, tour guide, transport company, etc.) in a statement of facts and apply for indemnification therein;</p> <p>– after returning from the trip immediately inform the insurer in writing <b>or any other form capable of serving as textual evidence</b>, giving reasons for the claim.</p> <p>7.2 The insured must immediately notify the insurer of any damage caused as soon as it is detected.</p> <p>7.3 The following documents must be submitted to the <b>insurer</b>:</p> <p>– the original of the statement of facts (police report, airline ticket loss report, etc.);</p> <p>– the original confirmation, receipts or purchase confirmations.</p> <p>7.4 Damaged items must be kept at the disposal of the insurer.</p>	
<p><b>IV.) C. Repatriation</b></p>			
<p>4 Obligations in event of a claim</p>	<p><b>4. Obligations</b> in case of a claim</p> <p>4.1 The insured person is obligated to make use of the benefits pursuant to Section 2.1 through the ALARM CENTER and to have them approved in advance by the ALARM CENTER or the Insurer. Otherwise, the reimbursement can be reduced to the amount that would have been incurred if the ALARM CENTER had organized the benefits or would have been able to influence them</p> <p>4.2 Immediately upon discovering that a claim event has occurred, the insured person must report the claim to: <b>Würth Financial Services AG, Credit Card Department, Churerstrasse 10, 9400 Rorschach, Switzerland, Telephone: +41 44 723 44 15, Fax: +41 44 723 44 55, Email: creditcards@wuerth-fs.com</b></p> <p>4.3 The following documents, among others, must be submitted to the Insurer <b>or Würth Financial Services AG</b>:</p> <p>– A detailed physician’s certificate or a certification of death or another official certificate.</p>	<p><b>4. Duties</b> in event of a claim</p> <p>4.1 The insured person is obliged to claim the benefits in accordance with para. 2.1 via the alarm center and to have them approved by the alarm center or the insurer in advance. Otherwise, the refund may be reduced to the amount that would have arisen had the alarm center organized the benefits or been able to influence them.</p> <p>4.2 The insured must immediately notify the <b>insurer</b> of any damage caused as soon as it is detected.</p> <p>4.3 The following documents must, inter alia, be submitted to the <b>insurer</b>:</p> <p>– a detailed medical certificate or a death certificate or other official certificate.</p>	<p>Claim notifications are now sent directly to the insurer rather than to Würth Financial Services; term “obligations” replaced by “duties”</p>
<p><b>IV.) D. Travel inconvenience</b></p>			
<p>4 Obligations in event of a claim</p>	<p><b>4. Obligations</b> in case of a claim</p> <p>4.1 The insured person must</p> <p>– obtain immediate confirmation from the responsible airline of the causes, circumstances, and extent of the damage in a statement of facts, and also apply for compensation from that airline;</p> <p>– after returning from the trip, notify the Insurer <b>or Würth Financial Services AG</b> in writing immediately and justify the claims.</p> <p>4.2 Immediately upon discovering that a claim event has occurred, the insured person must report the claim to: <b>Würth Financial Services AG, Credit Card Department, Churerstrasse 10, 9400 Rorschach, Switzerland, Telephone: +41 44 723 44 15, Fax: +41 44 723 44 55, Email: creditcards@wuerth-fs.com</b></p> <p>4.3 The following documents, among others, must be submitted to the Insurer <b>or Würth Financial Services AG</b>:</p>	<p><b>4. Duties</b> in event of a claim</p> <p>4.1 The insured person must</p> <p>– have the causes, circumstances and extent of the damage confirmed immediately by the relevant airline in a statement of facts and apply for compensation therein;</p> <p>– after returning from the trip immediately inform the <b>insurer</b> in writing <b>or any other form capable of serving as textual evidence</b>, giving reasons for the claim.</p> <p>4.2 The insured must immediately notify the <b>insurer</b> of any damage caused as soon as it is detected:</p> <p>4.3 The following documents must, inter alia, be submitted to the <b>insurer</b>:</p> <p>– Evidence of the delay from the airline and evidence that no alternative was offered within four hours;</p> <p>– Confirmation of compensation paid by the airline;</p> <p>– Original receipts for the additional costs incurred.</p>	<p>Claim notifications are now sent directly to the insurer rather than to Würth Financial Services AG; term “obligations” replaced by “duties” and simplification of formal requirements in accordance with IPA revision</p>

	<ul style="list-style-type: none"><li>- Documentation of delay from the air transport company as well as documentation that no alternative was offered within four hours;</li><li>- Confirmation of compensation paid by the airline;</li><li>- Original receipts for the additional costs incurred.</li></ul>		
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