MASTER PLAN+

GENERAL CONDITIONS.

2026

INSURETOSTUDY.

Dear insured,

These are the conditions for your study and internship insurance InsureToStudy.
It is important for you to know what is and what is not covered by your insurance and what you may expect from us. We therefore advise you to carefully read these conditions.

With the study and internship insurance from InsureToStudy you are certain to be properly insured when you set off on your journey. Here below you will find some tips to read before departure.

The SOS Emergency Line for direct support during your travels and stay abroad
Should anything go wrong during your travels and stay abroad, contact the SOS emergency line at telephone number +31 20 65 15 777, a service available 24/7, which will take up immediate action if so required. We advise you to store this number in your mobile phone prior to your going abroad.

Be sure to immediately call the SOS emergency line in case of:
- hospitalization;
- accident or sickness;
- early return;
- unexpected additonal expenses for travel and/or accommodation.

In case you need to phone the SOS emergency line, before making the call, write down the name of the place where you are located and the telephone number where you can be reached. Also ensure that you have your policy number ready, so you may present this information directly when asked.

From page 11 of these General Terms & Conditions, it is explained which action you must undertake in case of damage. Where he/him/his is referred to, also she/her/hers is meant.

Enjoy your stay abroad! The Team of InsureToStudy

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1. General conditions

If you wish to be eligible for compensation, it is required that there is (damage resulting from) a contingency. If your damage is not the result of a contingency, then this damage is not covered. The insurance will continue to be fully applicable.

2. General definition of terms

2.1 Policyholder
The person, agency or organization who/which applied for the insurance.

2.2 Insured person
The person whose information is included in the insurance policy; the insurance is not transferable.

2.3 Insurance policy
The document that is issued to the person who applied for the insurance or that is applied for through the intermediation of an institution/organization.

2.4 Broker
InsureToStudy BV
P.O. Box 97640
2509 GA The Hague, the Netherlands
Website: www.insuretostudy.com
E-mail: info@insuretostudy.com

2.5 The insurance company mentioned in the insurance policy
Every time these policy conditions mention 'insurer', one needs to read: insurer's authorized representative.

2.6 Authorized Underwriting Agent
Mandaat Assuradeuren B.V.
P.O. Box 642
7000 AP Doetinchem, the Netherlands

2.7 Emergency Center
SOS emergency line
P.O. Box 12122
1100 AC Amsterdam, the Netherlands
+31 20 65 15 777

2.8 Home country
The country where the insured person resides and where the insured person will return to, in principle.

2.9 Country of destination
The country where the insured person travels to in connection with study, internship or teaching, with the exception of the home country.

2.10 Institution/organization
The party that applied for the insurance on behalf of the insured person.

2.11 First degree relatives

The (former) husband or (former) wife of the insured person or the person with whom the insured person cohabits and with whom he is in a registered partnership or with whom he has concluded a cohabitation contract, parents, adoptive parents, foster parents, stepparents, parents-in-law, children, adopted children, foster children and stepchildren of the insured person.

2.12 Second degree relatives

Brothers, sisters, grandparents, grandchildren, sons-in-law, daughters-in-law, brothers-in-law, sisters-in-law of the insured person.

2.13 Claim form

The form the insured person may use to claim for damages. InsureToStudy has two claim forms: a medical claim form and a claim form for other claims.

3. Territory

The insurance applies throughout the world.

4. Commencement of the insurance

The insurance will be in force from the moment that the insured person departs from the address in the home country, on the date of commencement as referred to in the insurance policy, in order to set off on a trip for study or internship at 0.00 AM CET.

4.1 Waiting Period Clause

A waiting period of five (5) days shall apply from the effective date of the insurance policy. During this waiting period, no benefits claims for medical costs, shall be payable under this policy for any event, except for travel-related coverage and emergency medical treatment, which shall be effective immediately from the policy's effective date. Coverage for all other benefits shall commence on the eighth (6th) day following the policy's effective date, provided that all premium payments have been duly made.

4.2 Pre-Existing Conditions Exclusion Clause

The insurer reserves the right to exclude any pre-existing medical condition from coverage under this policy following an assessment of the condition. A pre-existing condition is defined as any illness, injury or medical conditions for which the insured person has received medical advice, diagnosis, care or treatment prior to the policy's effective date.

5. End of the insurance

The coverage of the insurance will end on the date as referred to in the insurance policy, at 23.59 PM CET or so much earlier as the insured person returns to the address of his residence in his home country, with the exception of the provisions as referred to hereinafter.

5.1 Familiy visit, holiday, emergencies

If the section Medical is included under the policy, the insurance for this section will continue to apply for the term of validity of the insurance, during a temporary stay in the country of origin of no longer than 8 consecutive weeks, from the moment of arrival in the country of origin. The temporary stay must be in connection with a family visit or holiday. The insurance will only cover in case of an emergency.

5.2 Unforeseen delay
If the term of validity of the insurance is exceeded through unforeseen delay beyond the control of the insured person, the insurance will continue to apply without charge and automatically, until the first possible moment of return. The insurance shall also continue to apply in case of unplanned and necessary early departure to the country of destination within ten days prior to the commencement date as referred to in the insurance policy.

5.3 Extension after return
If the section Medical is included under the policy, the insurance for this section will continue to apply after return of the insured person to the home country, until the first possible moment that the insured person is able to take out an insurance against medical expenses, or else the moment the insured person may rely on coverage by the authorities. This coverage will apply for no more than 14 days.

5.4 Termination by the insurer
The insurance will end through a written notice of termination by the insurer:
- within 60 days after the insurer discovers that the policyholder has failed to comply with the duty of disclosure he had when taking out the insurance policy and:
- the insured person at such time acted willfully to misguide the insurer, or
- the insurer would not have effected the insurance if the insured person had submitted the right information to the insurer;
- within 30 days after the insurer is notified of an event which may obligate the insurer to pay compensation;
- within 30 days after the insurer has paid or rejected compensation based on this insurance;
- if the insured person has willfully given an incorrect account of matters concerning an event or damage;
- if the policyholder fails to pay the premium in full or in time, or else refuses to pay after having been summoned thereto by the insurer.

The insurance shall end on the date as referred to in the termination letter.

5.5 Termination by policyholder
The insurance will end through a written notice of termination by the policyholder:
- within 30 days after the insurer is notified of an event which may obligate the insurer to pay compensation. The insurance will end on the date as referred to in the termination letter, however no sooner than 30 days following the date of your termination letter.
- within 30 days after the insurer has paid or rejected compensation based on this insurance. The insurance will end on the date as referred to in the termination letter, however no sooner than 30 days following the date of your termination letter.
- if policyholder does not accept an amendment to the premium and/or to the conditions as referred to in article 11.
- Amendment of the premium and/or conditions. The insurance will then end on the date of amendment as referred to in the relevant article. The possibility to terminate the insurance shall not apply in case:
  - the amendment of the premium and/or the conditions is a result of statutory regulations or provisions;
  - the insurer reduces the premium, but does not limit the coverage;
  - the insurer expands the coverage, but does not raise the premium.
- in case of an early return by the insured person to the country of origin, the insurance will also be terminable. In order to qualify for premium refund, he needs to submit a return ticket or a deregistrationform from the municipality. This provision does not apply in the event that the policyholder is an institution/organization.

6. General Exclusions

The insurer shall not pay damages caused by or in connection with:

6.1 willful damage, which shall be understood to mean;

- An armed conflict, being any situation in which states or other organized parties fight each other, or in any case one the other, with the use of military means of force. The insurer also regards an armed action by a United Nations Peacekeeping Force as an armed conflict.
- Civil war, being a more or less organized violent armed struggle between inhabitants of the same state in which a significant portion of the inhabitants of that state is involved.
- Insurrection, being organized violent resistance within a state directed against the public authorities.
- Civil commotion, being more or less organized violent acts occurring in different places within a state.
- Riot, being a more or less organized local violent movement directed against the public authorities.
- Mutiny, being a more or less organized violent movement of members of any armed force directed against the authority under which they resort.

The amended texts were deposited with the District Court of The Hague on 14 July 2023 under filing number 25/2023.

6.2 nuclear reactions, which shall be understood to mean;
Any nuclear reaction where energy is released, such as a nuclear fusion, nuclear fission or artificial and natural radioactivity.

We only reimburse damages caused by nuclear reaction under these circumstances:

- The damage is cause by nuclides (a kind of atom) existing outside of a nuclear facilitation.
- These nuclides are being used for industrial, commercial, agricultural, medical, educational, or non-military security purposes. Or when they are meant for previously mentioned purposes.
- The government has issued a license for manufacture, use, storage and disposal of radioactive materials.
- There is no third party responsible for the damage of the nuclear reaction, according to the nuclear accidents liability law.

By nuclear installation we mean nuclear installation regarding this law or on board of a ship.

6.3 other insurance or scheme;
By which is meant damage

- which may be recovered based on an existing warranty scheme, supply agreement or the insurance of the repairer and/or vendor;
- which is covered by one or more other insurances or schemes, or would have been covered by same when this insurance would not have existed;
- which are already compensated pursuant to the law or another provision.
- In these cases, the insurance will only cover the difference between the insured amounts. The provisions in this article do not apply for the section Accidents.

6.4 default of payment;
Which means if the premium is not (fully) paid as described in article 9, Premium payments.

6.5 willful act;
Which means damage caused through a willful act by an insured person, or else with knowledge or consent from an insured person. This exclusion does not apply for the insured person who demonstrates to be beyond reproach, considering the circumstances.

6.6 fraud;
Which means that the insured person purposefully prejudiced the insurer. For example by:
- failing to honestly account for the events as they occurred;
- changing amounts on invoices;
- claiming more than the damages incurred;
- claiming the same damages from multiple parties;
- withholding information or failing to notify insurer of any changes;
- claiming a previously rejected damage claim again, using a different account of what happened.

6.7 alcohol consumption, use of substances;
A number of sections contain an exclusion for damage arising from the use of alcohol, medicines, stimulants, narcotics or intoxicating substances. If an insured person causes damage while under the influence, he may lose the right to aid, payment and/or compensation for damage. The exclusion may also apply if the insured person refuses to submit to a breathalyzer, urine or blood test.

6.8 expected costs;
If prior to the damage arising, such circumstances were known or present that it could be reasonably expected that costs would be incurred, yet the insured person failed to take action or failed to take sufficient action to limit or reduce the costs.

6.9 failure to comply with obligations;
If the insured person fails to comply with one or more obligations as referred to in article 7, Obligations of the insured person in case of damage and in case of aid and as a result of this he has prejudiced the interests of the insurer and/or willfully intended to misguide the insurer. This does not apply if the misguidance does not justify the forfeiture of rights.

6.10 attempted suicide, self-mutilation and suicide;
The damage is the result of an attempted suicide, self-mutilation and suicide.

7. Obligations of the insured person in case of damage and in case of aid

7.1 Reporting the damage
As soon as the insured person is or should be aware of an event that may lead to a payment obligation for the insurer, he must:
- report this event as soon as possible to the broker and send a fully completed claim form, signed by him to same;
- immediately contact SOS International, in case costs are to be incurred, or in case this institution is to be called in under the General Terms & Conditions.

7.2 Providing information
As soon as possible, the insured person must send to the broker or to one or more experts engaged by the broker, all original pieces of evidence, data and documents which are of interest to the insurer in the assessment of the payment obligation. If SOS International requests certain documents from the insured person, he must send the requested documents to SOS International as soon as possible. The information submitted by the insured person will be used by the insurer to determine the extent of the compensation and the right thereto.

7.3 Extending cooperation

The insured person must:

- follow directions from the broker, from experts engaged by the broker or from SOS International;
- fully cooperate with the claim settlement and investigations;
- refrain from all activities that may impair the interests of the insurer;
- perform all actions reasonably possible to prevent or reduce damage.

If an event occurs, which may lead to a payment obligation for the insurer, the insured person may not comment about his possible fault or liability, nor may he provide any (commitment to) payment or settlement. In case of theft, loss, embezzlement or any other punishable act, the insured person must immediately report this to the police. When abroad, the insured person must report this on-site. When this is not possible, reporting must be done as soon as the opportunity to do so presents itself. The insured person must forward proof of the report to the broker as soon as possible. If so requested by the broker, the insured person must transfer his rights to a stolen or lost item to the insurer. The insured person must notify the broker as soon as possible if criminal proceedings are brought against him. If the insurer wishes for the insured person to be represented by an attorney, the insurer will engage an attorney for the defense, in consultation with the insured person.
The insured person must allow to be represented by this attorney and provide all cooperation requested.

8. Fraud

If the insurer discovers that the insured person or another interested party has committed fraud, the insurer will take one or more of the following steps:

- insurer will recover the costs from you and you will be obligated to pay back the compensations received.
- insurer will terminate all insurances you have taken out with them.
- insurer will exclude you from future insurances.
- insurer will incorporate your data in the internal incident register.
- insurer will forward your data to the Stichting CIS (Central Information System) in the Hague, the Netherlands.

Other financial institutions in the Netherlands may verify whether your personal data are registered there. This is permitted under the Dutch Protocol Financial Institutions Incident Warning System. You can find more information on this on the website of the Stichting CIS: www.stichtingcis.nl.

- insurer will forward your data to the Dutch Insurance Fraud Bureau and the Dutch Association of Insurers.
- insurer will file a police report.

9. Premium payments

9.1 Initial premium

The policyholder must pay the full premium including costs and insurance premium tax, immediately with the application.

9.1.1 Institutions/organizations

Contrary to artcile 9.1, for institutions/organizations the premium must be paid within 30 days of it becoming due.

9.2 Default of payment
With regard to the total amount outstanding, if the policyholder:
- fails to pay in full;
- fails to pay in time; or
- refuses to pay,

the insurer will send a written reminder.
This reminder will grant the policyholder a grace period of 14 days, commencing on the day after the reminder has been sent, to still pay the outstanding amount.

If the outstanding amount has not been paid within this 14-day period, the coverage shall be suspended with effect from the day following the expiry of the reminder period.
During the suspension period, no rights may be exercised under the insurance.

Suspension of coverage does not release the policyholder from the obligation to pay the outstanding premium.

Coverage shall resume 24 hours after the insurer has received and accepted all outstanding amounts, provided the insurer has not cancelled the policy.

10. Premium refund

10.1
In case of early termination by the insurer or - following an amendment of the premium and/ or conditions to the prejudice of the insured person - by the insured person, full refund of the unearned premium will be effected.

10.2
In case of early return of the insured person to the country of origin, he must submit a copy of a return ticket and/or a deregistrationform from the municipality in order to qualify for premium refund. This provision does not apply if the policyholder is an institution or an organization.

10.3
In case of early termination due to fraud, willful intent and/or false statements, there will never be a premium refund.

11. Amendment of the premium and/or the conditions

11.1
The insurer has the right to amend the premium and/or the conditions of all insurances in a certain group simultaneously, on a date to be determined by the insurer.

11.2
The insurer will notify the policyholder of amendments in the premium and/or the conditions in writing. If the policyholder disagrees with the amendment, he must inform the insurer of this in writing within 30 days after having received the notification. If the insurer does not receive any notification from the policyholder, the insurer will presume that the policyholder consents to the amendment. If the policyholder does not accept the amendment, the insurance in question will lapse on the day that the amendment would become effective, however, no sooner than 30 days after the date of the notification.

11.3
The possibility to terminate the insurance does not apply when:
- the amendment of the premium and/or the conditions is the result of statutory regulations or provisions;
- the insurer reduces the premium, but does not limit the coverage;
- the insurer expands the coverage, but does not raise the premium.

12. Time limit

12.1
The time limit period for a legal action against the insurer to make a payment expires 36 months after it being due and payable became known to the insured. If in case of coverage against liability the legal action of a third party is brought against the insured person within the time limit or due date as provided for by law, the time limit period for the legal action that the insured person brings against the insurer shall expire no sooner than 6 months thereafter.

12.2
The insured person or his power of attorney shall receive a notification if the insurer has assumed a definitive position regarding the request for compensation.
A definitive position means:
a. rejection of the request for compensation; or
b. (an offer for) compensation as a definitive settlement.

The insured person may challenge the position of the insurer. He must do so within a term of 6 months. This term commences on the day that the rightful claimant or his power of attorney became aware of the position. After this term, the time limit for the legal action against the insurer will expire.

13. Protection of personal data

The insurer will handle your personal data respectably. It will only ask for the personal data required for:
- concluding and maintaining the insurance contract;
- handling damages and arrange for aid;
- informing you about services;
- preventing and combatting fraud.

The personal data submitted with the application or in the amendment of this insurance will be processed by the broker and the authorized underwriting agent for the purpose of concluding and executing insurance agreements and/or financial services and managing relations arising from this, with the inclusion of preventing and combatting fraud. The processing of personal data will be carried out in accordance with the “Gedragscode Verwerking Persoonsgegevens Verzekeraars” (Dutch Code of Conduct for the Processing of Personal Data by Insurers).
This includes cooperation with Stichting CIS, based in The Hague, for the purposes of fraud prevention and claims handling.

The full text of this code of conduct can be found on the website of the Dutch Association of Insurers, www.verzekeraars.nl

14. Address

Notifications by the insurer to the insured person will be effected in a legally valid manner to the address last known by insurer or to the address of the party through whose mediation this insurance is in force. In case of a change, the insured person shall be obligated to immediately pass on his new address (e-mail and/or residential address) to InsureToStudy and/or through the policyholder in case this is not the insured person.

15. Preference of the General Terms & Conditions

Where the conditions of this insurance or an excerpt from these are issued in a language other than Dutch, the conditions set out in the Dutch language will prevail.

16. Complaints

16.1 Internal complaints office
If the insured person and/or policyholder has complaints about the brokerage activities, the formation and/or the execution of the insurance contracts, he may present these complaints to:
Internal Complaints Office of InsureToStudy BV
P.O. Box 97640
2509 GA The Hague, the Netherlands.
Telephone number +31 70 20 51 860

16.2 Dutch Financial Services Complaints Board (Kifid)
If the insured and/or policyholder finds the assessment of InsureToStudy unsatisfactory, he may turn to:
Financial Services Complaints Board (Kifid)
P.O. Box 93257
2509 AG The Hague, the Netherlands.
This is possible within three months after a definitive decision from the insurer.

16.3 The court
If the insured person and/or policyholder does not wish to make use of the complaints handling or finds the handling or the outcome unsatisfactory, he may submit the dispute to the competent court.

17. Applicable law

The agreement is governed by Dutch law.

18. Terrorism

Was the damage according to your insurance's conditions covered? Was the damage caused by terrorism? Then the insurer will compensate for damage under the Protocol handling of claims of the NHT (Dutch Terrorism Risk Reinsurance Company). In this protocol regulations are laid down in which cases an insurer may limit damage compensation, for example when there is a case of terrorism or malicious contamination. The full text of this protocol is available on www.terrorismeverzekerd.nl.

19. Claims procedure

19.1 Medical
In case of medical expenses, the insured person must forward a fully completed and signed medical claim form with original invoices to the broker, no later than 6 months after the first medical contact. A claim can be send in through the website.

In the event that the insured person must be admitted to a hospital, immediate contact must be made with SOS International through telephone number +31 20 65 15 777. At the broker's request, the insured person will be required to sign an authorization form, authorizing the medical advisor to retrieve medical data about the event from the attending physician(s).

19.2 Emergencies/SOS International
If the insured person becomes seriously ill or is involved in an accident and requires aid, or in case of evacuation, repatriation, transportation of mortal remains or necessary premature return to the home country, the insured person or his party concerned must immediately contact SOS International at telephone number +31 20 65 15 777. SOS International, which is available 24/7,

will request a medical statement from the insured person or his party concerned, in support of the request for aid. In case of (medical) necessity, SOS International will arrange for the tickets.

In the event that the insured person has advanced additional costs for travel and accommodation, he must send the fully completed and signed claim form, including the original (legible) tickets and supporting documents to InsureToStudy. The claim form must also state the reason for the examination/admission.

Upon repatriation of the insured person in case of sickness and/or death of a family member in the 1st or 2nd degree, a medical statement or death certificate must be sent along. Claim forms can be sent to InsureToStudy.

In case the SOS has not been informed there will be no reimbursement of the costs.

19.3 Accidents
In the event that a claim is made for survivor benefit, the surviving relative or next-of-kin of the insured person must notify SOS International of the funeral/cremation no later than within 48 hours. In case of death, InsureToStudy will ask the surviving relatives for a death certificate and a certificate of inheritance to whom the survivor benefit must be paid out.

In the event that a claim is made for benefit due to permanent disability, the insured person must as soon as reasonably possible after its occurrence, notify the broker of the accident in writing.

19.4 Liability
If an event that may result in a payment obligation for the insurer occurs, the insured may not comment about his possible fault or liability, nor may he provide any (commitment to) payment or settlement. Furthermore, the insured person must send the fully completed and signed claim form, including the **original** supporting documents to InsureToStudy.

19.5 Legal Aid
If the insured person wishes to rely on legal aid, he must send written notification to that effect to InsureToStudy as soon as reasonably possible. InsureToStudy will present the claim to the Dutch legal expenses insurance company DAS, which company will assess the claim and accept it for handling when the conditions have been complied with. If handling the case requires the

involvement of an attorney, the choice for an attorney and/or expert will be made by DAS. Without consulting DAS, the insured person will not be compensated for the costs of an attorney and/or expert.

19.6 Luggage/household effects
In case of damage to luggage or household effects, the insured person must send a fully completed and signed claim form, including the original invoices for repairs and/or purchase to InsureToStudy.

The original purchase invoices must be in the name of the insured, otherwise there will be no reimbursement.

In case of theft, extortion, robbery or burglary, a police report must be filed on-site. Send the police report with the fully completed and signed claim form to InsureToStudy.

If the damage occurs during transportation, a written statement must be requested from the carrier forthwith. Airline companies have a special form for this purpose: the Property Irregularity Report. Send proof of the report to InsureToStudy, along with the fully completed and signed claim form.

20. Special conditions Medical

20.1. Definitions of terms Medical

20.1.1 Physician
A physician shall be considered to be a person who is recognized as such by the competent authority.

20.1.2 Dentist / Orthodontist
A dentist shall be considered to be a person who is recognized as such by the competent authority.

20.1.3 Physiotherapist / Manual therapist
A physiotherapist shall be considered to be a practising physiotherapist, which shall include a remedial therapist Cesar therapist or Mensendieck therapist, who is recognized as such by the competent authority.

20.1.4 Acupuncturist
An acupuncturist shall be considered to be a physician practising as a physician-acupuncturist, or an acupuncturist who is recognized as such by the competent authority.

20.1.5 Psychotherapy
Psychotherapy shall be considered to be a treatment provided by a psychiatrist or psychologist, prescribed by a physician or specialist.

20.1.6 Medicine
Medicine shall be considered to be a pharmaceutical which can only be obtained upon prescription by a physician.

20.1.7 Medical necessity
Medical necessity shall be considered to be the need for nursing, examination and treatment based on generally recognized medical considerations.

20.1.8 Medical costs

Costs for medical care shall exclusively be considered to be the costs for:

a. fees for physicians;
b. hospitalization and operation;
c. treatments and examinations prescribed by a physician;
d. medicines prescribed by a physician for use during the term of the insurance. For longer use, advanced written consent from the insurer is required;
e. medically required transportation with an ambulance or other type of patient transportation service to and from the location where medical treatment is provided in the country where the insured person was present upon the commencement of this transportation. No compensation will be granted for the costs of public transportation such as train, tram and bus.

20.1.9 Dental costs

Dental costs shall exclusively be considered to be the costs for dental treatments to relieve acute pain and the costs related thereto:

a. fees of dentists or physicians for dental treatment;
b. pharmaceuticals prescribed by a dentist;
c. necessary repairs to or replacement of dentures or artificial elements of the teeth;
d. x-rays taken by a dentist or upon prescription from a dentist in connection with the treatment.
e. check up
f. cleaning

20.2 Insurance coverage Medical

The costprice is compensated, unless stated otherwise.

20.2.1 Medical costs

The medical costs for treatment based on medical necessity are insured, where and for as long as the insurance is applicable. In case of hospitalization, compensation will be paid until the 365th day following the day the hospitalization commenced. Compensation will be effected on the basis of the lowest rate class known locally.
For costs related to non-emergency surgeries a pre-approval is necessary. Without this approval costs will not be reimbursed.

20.2.2 Pregnancy under medical conditions

The costs of pregnancy and the costs of childbirth incurred out of acute medical necessity for both mother and child are insured, being:

a. the costs for nursing and additional costs for mother and child if and for as long hospitalization is required;
b. the additional costs that are charged;
c. specialist costs for treatment on an outpatient basis;
d. the costs of medically required transportation of patients; and
e. the costs of abortion out of medical necessity, also in connection with a sex crime, if and in so far as the treatment was administered in an institution recognized by the authorities. The medical costs will only be compensated in the event that the physician or the hospital respectively, is recognized by the competent authority.

20.2.3 Non-medically necessary in-hospital delivery, at home or at a maternity clinic
Furthermore, the following costs are insured:

a. costs for nursing and/or maternity care at home for mother and child together, recommended by a maternity clinic, a “Class A” nurse or a certified maternity nurse recognized by the authorities, up to a maximum of 8 days from the date of birth. Maternity care is compensated to a maximum of € 135 per day;
b. expenses for assistance provided by a specialist, general practitioner or nurse;
c. expenses incurred for outpatient services.

The above expenses a to c are compensated jointly to a maximum amount of € 3.000.

20.2.4 Children
Children born during the term of the insurance are insured.
The following provisions apply for them, subject to the condition that they are registered at InsureToStudy within one month after their birth:

a. the insurance is in force from the moment the child is born, regardless of what type of disease or disorders the child suffers from;
b. reimbursement for expenses for children not older than 3 months, who require hospitalization and need to be breastfed by the mother will be paid for as long as the insurer is obligated to pay the costs of nursing of the mother.

20.2.5 Dental costs*
Dental costs resulting from improper/neglectful care of the teeth are not covered by the insurance.

To be eligible for treatments at a paradontologist, the insured need receive permission from insurer. A budget of the expected costs needs to be presented for evaluation, in addition to the reasons of the necessity of the treatment. Without prior permission from the insurer, the costs for the treatments at a paradontologist are ineligible for reimbursements. Once permission is given, the costs will be considered to fall under the part of dental costs and insured up to a maximum amount of €750, 75% per invoice, per policy year, per insured person.
Dental costs incl. checkup and hygienist incurred are insured, there where and for as long as the insurance is in force up to a maximum amount of € 750, 75% per invoice, per policy year, per insured person.

Dental costs incl. checkup and hygienist incurred are insured, there where and for as long as the insurance is in force up to a maximum amount of € 750, 75% per invoice, per policy year, per insured person.

Costs related to implants are not covered by the insurance.

Dental costs resulting from an accident as described in article 23 are compensated to a maximum of € 5.000,- per event, per insured person. The dental costs incurred as a result of an accident that occurred, there where and for as long as the insurance is in force, are insured until no later than the 365th day after the accident. The dental costs will only be compensated if the dentist or the physician respectively, is recognized as such by the competent authority.

Oral surgery, in any case including the removal of wisdom teeth, is also considered as dental costs under the policy

Orthodontic treatments are covered to 21 years on condition that insured before the starting date of the insurance already uses braces. The insured amount is € 500 per insurance year, 75% per invoice.

20.2.6 Physiotherapy, Cesar therapy and Mensendieck treatments*
The costs of treatment provided by a physiotherapist, Cesar therapist or Mensendieck therapist, recognized as such by the competent authority, are insured, subject to the condition that a referral letter from a general practitioner or specialist is submitted.

For compensation a maximum of 16 treatments, per 12 months, per insured person applies, up to a maximum of € 30 per treatment and € 500 per 12 months. If it appears that more treatments are necessary after this, advance approval from the insurer most be requested.

The following will in any case not be included in physiotherapy:
- logopedics and stuttering therapy;
- occupational and remedial therapy;
- sports massage; and
- pregnancy exercises and exercises for women in labor;
- walking therapy;
- physiotherapy as support against depression.

20.2.7 Acupuncture*
The costs of acupuncture are insured, subject to the condition that the treatment is provided by an acupuncturist recognized by the competent authority. For compensation a maximum of 12 treatments, per 12 months, per insured person applies, up to a maximum of € 30 per treatment and € 360 per 12 months. If it appears that more treatments are necessary after this, advance approval from the insurer must be requested.

20.2.8 Psychotherapy*
The costs of psychotherapy are insured, subject to the condition that the (short-term)treatment is provided by a psychologist or psychiatrist recognized by the competent authority. For compensation, a maximum of 30 treatments per 12 months applies, up to a maximum of € 100 per consultation and € 3.000 per 12 months. If it appears that more consultations are necessary after this, advance approval from the insurer must be requested. Before you go to a psychologist please send in your referral from your GP to InsureToStudy. Without the approval beforehand, there will be no coverage.
Costs related to alcohol and drugs are excluded.

* The maximum number of treatment and the maximum amount will be reduced proportionally of the insurance runs shorter than 12 months.

20.2.9 Patient transportation
The costs of medically necessary patient transportation to the nearest hospital where proper treatment is possible, are insured. Coverage only applies when on medical grounds the insured person may be considered to not be able to travel independently.

20.2.10 Apparatuses/appliances*
Covered are the costs of renting/buying od medical apparatuses and/or appliances up to a maximum of € 150 per year.

20.2.11 Glasses or Contact lenses
Covered are the costs of glasses or contact lenses provided that the measurement of a far distance vision check proofs a change of the last vision check has changed. The insured must already wear glasses before the starting date of the insurance. The minimum difference in the spherical value should be -0.50 compared to the old measurement. The insured amount is € 150 per insurance year. Glasses meant to improve reading are not covered.

20.2.12 ADHD*
Covered are the costs for ADHD medication up to a maximum of € 450 per year.

20.2.13 Diabetes appliances/supplies*
Covered are the costs of diabetes-related appliances and/or supplies up to a maximum of € 500 per year.

20.3 Exclusions Medical

In addition to the general exclusions of article 6, also no compensation will be awarded for the costs as referred to in this article.

20.3.1 Alcohol use, use of substances referred to
Not insured are the costs arising from the use of alcohol, medicines, stimulants, narcotics or intoxicating substances and other addiction problems. The exclusion also applies if an insured refuses to submit to a breathalyzer, urine or blood test.

20.3.2 Substances without prescription
Not insured are the costs of appliances, wound dressings and medicines available without prescription. and for which is no medical requirement. There will be also no compensation for self-medication, benzodiazepines, vitamins and minerals.

20.3.3 Delay until return is possible, purpose of journey
Not insured are the costs for treatment that can be delayed in a medically responsible manner until the return to the home country. Also not insured are the costs incurred abroad, which exclusively or partly were the purpose of the stay abroad.

20.3.4 Existing pregnancy
Not insured are the costs relating to a pregnancy that already existed at the time the insurance was applied for.

20.3.5 Sterilization
Not insured are the costs in connection with sterilization.

20.3.6 Fertility enhancing treatments and genetic research
Not insured are the costs in connection with fertility enhancing treatments and/or genetic research.

20.3.7 Abortion
Not insured are the costs in connection with abortion. In deviation of this however, the costs of abortion incurred out of medical necessity, also in connection with a sex crime, will be compensated if and in so far as the treatment is provided in an institution recognized by the competent authority.

* The maximum number of treatment and the maximum amount will be reduced proportionally of the insurance runs shorter than 12 months.

20.3.8 Special therapies
Not insured are the costs in connection with orthomanual therapy, podiatry, chiropractic therapy, camouflage therapy, electrical epilation, acne treatment, balneo-phototherapy and dietician and other preventive and/or alternative examinations and/or treatments.

20.3.9 Other arrangements
If apart from this insurance, the insured person in principle is entitled to compensation or payment on the grounds of another insurance, a law or a provision, either or not from an earlier date, then this insurance provides no coverage for these costs. In such case only the damage in excess of the amount that can be claimed elsewhere will qualify for compensation. This provision does not apply for payments in connection with death and/or permanent disability as a result of an accident.

20.3.10 Organ transplant
Not insured are the costs in connection with organ transplants, unless express advance consent from the insurer is obtained.

20.3.11 Cosmetic surgery
Not insured are the costs for operations to improve the outer appearance driven by personal desire, necessity or circumstance, unless it concerns a case of mutilation as a result of an accident or disease. Insurer also does not award compensation for medical costs resulting from complaints following a received treatment.

20.3.12 Vaccination, prophylaxis, general examinations and population screenings
Not insured are the costs in connection with vaccination, prophylaxis, general examinations and population screenings, which include the costs of a pollinosis blood test in hospital and a lack of vitamin blood test.

20.3.14 Home nursing/private clinic
Not insured are the costs in connection with home nursing or admission to a private clinic, unless express advance consent from the insurer is obtained.

20.3.15 Birth Control
Not reimbursed costs for the IUD, the injection pill, the plaster, the Implanon.

20.3.16 STD's, HIV/aids including all laboratory costs
Not insured are the costs in connection with STD's, HIV/aids, including all laboratory costs.

20.3.17 Ultrasounds that are not medically required
Not insured are the costs for ultrasounds that are not medically required, such as 'fun scans'.

20.3.18 Testing
Not insured are the costs for testing for adhd, add and dyslexia.

20.3.19 Long-Term Care
Not insured are the costs, as a resident of the Netherlands, might derive under the Dutch long-term Care act.

20.3.20 Acne
Not insured are the costs related to acne.

20.3.21 Psychotherapy
Not insured are the costs from treatment related to: study problems, concentration problems, abuse of medicine, gambling addiction, internet addiction, stage of life issues, stress, burn-out, excessive stress, adjustment disorder, gender related conditions, sleep disorder and psychosocial aid.

20.3.14 Gender-related conditions
All costs related to gender-related conditions are excluded from this policy

21. Special conditions Emergencies

21.1 Insurance coverage Emergencies

Insured are the additional costs and aid as referred to hereinafter, which are the result of an unforeseen event and which must necessarily and reasonably be incurred during the term of validity of the insurance.

SOS International arranges for this aid through telephone number +31 20 65 15 777.
Unless otherwise stated, the costprice will be compensated.

21.1.1 Costs of tracing, rescue and recovery of the insured person
Insured are the costs of tracing, rescue, recovery and/or transportation of the insured person by, or under the direction of a competent authority.

21.1.2 Reasonably incurred costs in connection with the death of the insured
Insured are, in case of the death of the insured person:

a. the costs incurred with written consent from SOS International in connection with the transportation of the mortal remains to the original place of residence in the home country, which include the costs of the coffin required for this transportation, or
b. the costs of the funeral, or else the cremation on-site, along with the travel expenses from the country of origin of the deceased and back, including the costs of accommodation during no more than 3 days of the family members of the deceased in the 1st and/or 2nd degree of those persons who live together with the insured person as a family, up to the amount that would have been compensated in case of transportation of the mortal remains to the home country.

21.1.3 Costs of special transportation of an insured person who is sick or injured
Insured are, provided that it is stated on the insurance policy that you are insured under the InsureToStudy insurance, the costs incurred with consent from SOS International in connection with medically necessary transportation, including escort by a physician or a nurse of the insured person who is sick or injured.

21.1.4 Costs in case of collapse due to sickness or accident of the insured person
Insured are, following written consent from SOS International, the travel costs incurred for necessary passage and return journey, including the costs of accommodation of no more than 2 family members in the 1st and 2nd degree and/or those persons who live together with the insured person as a family, for support of an insured person who is seriously ill or in mortal danger. The maximum compensation for this amounts to € 7,000 per event.

21.1.5 Costs of return due to mortal danger and/or death of family members
Insured are the additionally incurred costs for travel and accommodation of the insured person to the home country up to no more than the costs for travel and accommodation to reach the original place of residence, if the insured person is required to return from the journey due to the death or mortal danger of family members in the 1st or 2nd degree who are not travelling along.
Moreover, insured are the additionally incurred costs for travel and accommodation to the original destination during the term of validity of the insurance based on the lowest rate of transportation.
Reimbursement is only after consultation with InsureToStudy and/or the Europeesche alarm service.

21.1.6 Costs for sending medicine to the insured person

Insured are the costs for sending medicine, artificial means and appliances, prescribed by a physician and urgently necessary and for which no usable alternatives are available on-site. This will only apply if the medicine is allowed to be shipped.

The costs of purchase, in so far as these are not insured under Medical and any return freight will be at the expense of the insured person, also in case the shipped articles are not collected. Cancellation of orders is not possible. The insured person shall be obligated, in case the help of SOS International must be called in, to contact same by telephone or e-mail without delay, stating the insurance information. SOS International shall provide its services within a reasonable term and in close consultation with the insured person, but shall be free in its choice of parties to engage for assistance in the execution of its services. SOS International has the right to demand any necessary financial warranties from the insured person, pertaining to agreements concluded with third parties, the costs of which are not covered by the insurance in question, in a form and to an extent to be determined by SOS International.

21.1.7 Telecommunication costs

As soon as something that is covered under the section Emergencies happens to the person insured, the necessary telecommunication costs arising from this event will be compensated to a maximum of € 150 per 12 months.

21.2 Exclusions Emergencies

In addition to the general exclusions of article 6, also no compensation will be awarded for costs as referred to in this article.

21.2.1 Not through SOS International

Not insured are the costs and expenses incurred without (written) advance consent from SOS International and/or outside the arrangements made by SOS International. This exclusion shall not apply in case of emergency medical evacuations in remote and primitive areas where SOS International could not be contacted in advance or where it could be reasonably expected that there would be a delay, which would put the insured person at the risk of death or which might exacerbate his condition.

21.2.2 No serious medical condition

Not insured are the costs of medical evacuation or repatriation if the insured does not suffer from a serious medical condition and/or if, according to the physician, the insured person could be properly treated on-site. The costs are also not insured when treatment could be reasonably postponed until the return of the insured person to his home country or the country of destination.

21.2.3 No medical escort required

Not insured are the costs of medical evacuation or repatriation where the insured person, in the opinion of a physician, is able to travel as a regular passenger, without a medical escort.

21.2.4 Unlawful act

Not insured are the costs arising because the insured person was involved in the execution or order of an unlawful act.

21.2.5 Alcohol use, use of substances referred to, sexually transmitted disease

Not insured are the costs arising from the use of alcohol, medicines, stimulants, narcotics or intoxicating substances. The exclusion also applies if an insured person refuses to submit to a breathalyzer, urine or blood test. Not insured are the costs resulting from sexually transmitted diseases.

21.2.7 Military service, acts of war

Not insured are the costs arising while the insured person engages in the execution of military service or in the service of the police force of whichever country, active participation in acts of war (either or not declared), invasion, actions by a foreign enemy, civil war, armed services, hostilities, rebellion, insurgency, revolution or rioting.

21.2.8 Ship or oil platform

Not insured are the costs arising as a result of activities from or on a ship or oil platform or a similar offshore location.

21.2.9 Event in the home country

Not insured are the costs in connection with each event that occurs when the insured person is in the home country, except for what is referred to in article 21.1.2.

21.2.10 Specific accidents

Not insured are the costs in connection with the consequences of an accident that happened to an insured person for which an exclusion applies pursuant to article 23.4.

21.3 Compensation for damages Emergencies

21.3.1 Deduction for costs saved

Compensation for costs incurred is effected subject to deduction of savings, refunds and suchlike. A fixed deduction will be applied to costs of accommodation for savings on costs for regular living, amounting to 10% of the costs of accommodation.

22. Special conditions Luggage/Household Effects

22.1 Definitions of terms Luggage/Household Effects

22.1.1 Luggage

Luggage shall be understood to be:

a. the items which the insured person has taken along on his journey for his own use or as a gift, or else which he shipped to the destination in advance or afterward, within the term of validity of the insurance;
b. the items purchased within the term of validity of the insurance, up to a maximum amount of € 250.- as part of the insured amount.

22.1.2 Household effects

Household effects shall be understood to be:
all movable items that form part of the private household of the insured person and which during the term of validity of the insurance are present at the residential address in the country of destination.
Not considered as bagage and household effects will be:

a. money, papers with monetary value (including [cashiers] cheques, credit cards and credit balances on chip cards) and value papers of whatever nature, manuscripts, notes and concepts;
b. collections (such as stamp and coin collections);
c. tools;
d. merchandise and sample collections;
e. animals.

22.1.3 (Travel) documents

(Travel) documents shall be understood to be: passport, identity card, tourist card, travel ticket, driver's license and visa.

22.1.4 Journey/travelling
Travelling shall be understood to be journeys on a recreational basis and for study purposes outside the country of origin. In the country of destination, holiday journeys comprise only journeys with no less than 1 overnight stay or for a period of more than 24 hours, of which the insured person can demonstrate its recreational nature and submit proof of a booking/reservation/payment. The usual commute for work or study within the country of study will not be considered as a journey.

22.1.5 Jewelry
Jewelry shall be understood to be items designed to be worn on the body and which wholly or partially consist of (precious) metal, stone, mineral, ivory, (red) coral or other such materials, including pearls, with the exception of watches.

22.1.6 New-for-old value
New-for-old value shall be understood to be the amount required for obtaining new items of the same type and quality.

22.1.7 Current market value
Current market value shall be understood to be the new-for-old value reduced by an amount for depreciation as a result of aging or wear. The depreciation schedule is available upon request.

22.1.8 Fire
Fire shall be understood to be a fire caused by combustion and combined with flames outside a seat of fire which is able to spread of its own accord. Fire damage shall also be understood to be the damage arising from extinguishing the fire.

22.1.9 Explosion
Explosion shall be understood to be a sudden, violent manifestation of energy from gases or vapors.

22.1.10 Storm
A storm shall be understood to be a wind force detected by a local weather station of more than 9 on the Beaufort scale, including damage from rain, snow and hail.

22.1.11 Precipitation
Precipitation shall be understood to be rain, snow, hail or melt water, in so far as this has poured through the roof, or otherwise poured in as a result of a crack, blockage or overflow of roof-gutters and drainage pipes into the building where within the insured person resides and/or the outbuildings that belong to it.

22.1.12 Induction
Induction shall be understood to be overstress in the atmosphere because of a nearby lightning discharge.

22.2 Insurance coverage Luggage/Household effects
a. Luggage is insured for damage through loss, impairment or theft during the journey.
b. The household effects are insured for damage due to the following dangers:

22.2.1
Fire

22.2.2
Being singed, burnt, melted, charred and heated as a result of heat radiation from another object or through contact with that object.

22.2.3
Explosion

22.2.4 Theft/robbery
Theft, extortion and violent robbery, also destruction or damage as a result of these occurrences or attempts thereto. Theft damage will exclusively be compensated if the theft is preceded by a break-in into the building and/or the outbuildings and/or the plot sections where the insured objects are located.

22.2.5 Vandalism
Vandalism, committed by somebody who unlawfully entered the (section of the) building that the insured person resides in.

22.2.6
Storm and objects falling or moving as a result of that storm

22.2.7
Precipitation

22.2.8 Cranes
Toppling of cranes and piledrivers.

22.2.9 Trees
Toppling of trees and falling of broken branches.

22.2.10 Aquariums
The breaking of glass from aquariums or wall mirrors, through any calamity coming from outside. Apart from the damage to the home contents as a result of the broken glass, also the damage to the glass in itself will be compensated.

22.2.11 Collision
Motor vehicles or vessels colliding with the residence.

22.2.12
Lightning strike and induction

22.2.13 Water pipes
Unforeseen outflow or overflow of water from the central heating system or water supply system and all the sanitary fittings and other appliances connected thereto. This will include: appliances hooked up to the water pipes with a secure connection, such as washing machines, automatic washers, dish washers, etc., in so far as these are present in the building the insured person resides in and/or in the outbuildings that belong to it. A condition is that the outflow or overflow of water is a direct consequence of a defect of the systems, appliances or apparatuses referred to. Excluded are damage as a result of wear or insufficient maintenance of the systems, appliances or apparatuses and damage as a result of sewage or ground water.

22.2.14
Air traffic and meteorites

22.2.15
Oil flowing out of a heating system or out of pipes and tanks that form part of this system. Excluded is damage as a result of wear or insufficient maintenance.

22.2.16
Smoke and soot suddenly discharged by a heating system connected to the chimney of the residence. Excluded is damage as a result of insufficient maintenance.

22.2.17
Mirrors breaking (with the exception of hand mirrors) and windows breaking and the damage to these mirrors if the cause of breaking is a calamity coming from outside.

22.3 Insured amounts Luggage/Household effects
With due observance of the provisons hereinafter, the following maximum insured amounts apply for the duration of the insurance, extension(s) included. Each 12-month period shall constitute a new insurance term:
a. The luggage is insured up to a maximum of € 5,000.-.
b. The household effects are insured up to a maximum of € 6,000.-.

22.4 Sub limits Luggage/Household effects
With due observance of the amounts referred to in article 22.3 the maximizations below shall apply.

22.4.1 Bicycles
Bicycles including accessories are insured up to a maximum amount of € 150.- per object as part of the insured amount. At least one bicycle lock should have an approved lock according to the standards of the Foundation ART with a minimal quality mark of ART2. Also, a second lock must be used. In case of theft, the keys of the bicycle locks must be handed over, including spare keys. Secondhand bicycles and other bicycles that do not have an official invoice are not covered by the insurance. E- Bikes are not included in the insurance.

22.4.2 Replacing clothes and toiletries
The insurance also comprises compensation for the necessary purchase of replacing clothes and toiletries due to delayed arrival of luggage up to a maximum amount of € 75.-.

22.4.3 Photo, film, video, sound and computer equipment
Photo, film, video, sound and computer equipment, which shall also include the accessories, are insured up to a maximum amount of € 1,500.- as part of the insured amount.

22.4.4 Jewelry
Jewelry is insured up to a maximum amount of € 150.- as part of the insured amount.

22.4.5 Watches
Watches, which shall also include watchbands and watch chains, are insured up to a maximum amount of € 150.- as part of the insured amount.

22.4.6 Telecommunication equipment, such as smartphones
(Mobile) telecommunication equipment is insured up to a maximum amount of € 300.- as part of the insured amount. Compensation for any call time is excluded.

22.5 Manner of assessment of damages Luggage/Household effects

Damage compensation is awarded in the manner as referred to in this article, up to no more than the insured amounts, regardless of the total value of the insured objects.

22.5.1 Luggage and household effects

The calculation of the damage compensation to be awarded for luggage and household effects not older than 12 months is based on the new-for-old value. For objects older than 12 months, the calculation of the damage compensation will be based on the current market value. In case damaged or lost objects reasonably qualify for repair and/or can be replaced, the insurer has the right to have these objects repaired and/or replaced.

22.5.2 Travel documents

The calculation of the damage compensation to be awarded for travel documents is based on the amount required for obtaining the relevant documents anew.

22.6 Exclusions Luggage/Household effects

In addition to the general exclusions of article 6, also no compensation will be awarded for the costs as referred to in this article.

22.6.1 Vessels, motor vehicles and aircraft

Not insured is the damage to vessels (with the exception of sailboards), aircraft (including hang-glider equipment and paraglider equipment) motor vehicles and motorbikes, campers and other vehicles (with the exception of bicycles), also the accessories, parts and appurtenances belonging thereto (including tents).

22.6.2 Scratches, dents, cracks and disfigurements

Not insured is damage consisting of scratches, dents, cracks, stains and other disfigurements, unless the damaged object can no longer be used for its intended purpose as a result of this.

22.6.3 Failing to observe normal caution

a. Not insured is damage caused because the insured person failed to observe normal caution to prevent loss, theft or damage to luggage and household effects. Normal caution will in any case be considered not to have been observed when valuable items such as video, computer, photo, film, sound and telecommunication equipment, jewelry, watches, fur and other valuable objects are left unattended other than in a properly locked space. A means of transport does not qualify as a properly locked space in this respect.*

* The valuable items and travel documents may not be left unattended and/or out of reach during transportation by aircraft, train, boat or bus, unless the luggage is in a separate, locked space and there are traces of a break-in of this space.

b. For matters that are not referred to in article 22.6.3 a and which are left behind in a means of transportation, there will only be a right to compensation if and in so far as:
   - it may be expected of the insured person that it was not reasonably possible for him to take more secure measures;
   - the items are placed within a properly locked trunk and are not visible from the outside.

22.6.4 Inherent defect, inherent vice, weather influences

Not insured is damage through wear, inherent defect, inherent vice and slowly acting weather influences such as corrosion or mould, damage through impoundment or confiscation other than on account of a traffic accident, also damage due to vermin.

22.6.5 Recording tubes, video heads and recording heads
Not insured is damage exclusive to recording tubes, video heads and recording heads of audio and video equipment.

22.6.6 Insufficient maintenance, sewage and ground water
Excluded is damage resulting from insufficient maintenance of the building and damage due to sewage and ground water.

23. Special conditions Accidents

23.1 Definitions of terms Accidents

23.1.1 Accident
An accident shall be understood to be a sudden, violent force coming from the outside, against the will of the insured person, directly affecting the body, of which the nature and location can be medically determined.

23.1.2 Expansion accident
Also considered as accidents are:

23.1.2.1
Acute poisoning, not caused by pathogenic organisms through the use of medicines, alcohol and/or intoxicating substances, narcotics or stimulants.

23.1.2.2
Contamination by pathogenic organisms as a direct consequence of an involuntary fall into the water or any other substance, or else entering there into in order to rescue a human or animal.

23.1.2.3
Complications and exacerbations of the injury as a direct consequence of an accident to the insured person during actions he performs to rescue people, animals, objects and/or himself.

23.1.2.4
Infection of a wound and blood poisoning, directly in connection with an accident.

23.1.2.5
Involuntarily taking in substances or objects, with the exception of pathogenic organisms.

23.1.2.6
Suffocation, drowning, sunstroke, heat stroke, heat congestion, frostbite, burning, stroke of lightning or other electrical discharge.

23.1.2.7
Exhaustion, starvation, emaciation and sunburn and the insured person becoming isolated during a natural disaster, a collapse, becoming frozen in, snowed in, being in an emergency landing, shipwreck or due to some other great general emergency as a result of a disaster.

23.1.2.8
Sprain, dislocation and torn muscles and tendons, causing sudden internal injury of which the nature and location can be medically determined.

23.1.2.9
Splenic fever, Sarcoptes and other types of scabies, trichophytia, Bang's disease and cowpox.

23.1.2.10
HIV infection as a result of a blood transfusion or an injection with a contaminated needle during treatment prescribed by a physician. This treatment must be one carried out by a physician or nurse recognized by the competent authority in a hospital recognized by the competent authority.

23.1.2.11
Whiplash trauma followed by post-whiplash syndrome, which shall in any case include limitations of bodily functions that are the result of a cervical or lumbar acceleration/deceleration injury of the vertebral column.

23.1.2.12
An accident to the insured person during rightful self-defense.

23.1.3 No accident
Not considered an accident are the events as referred to hereinafter:

23.1.3.1 Hernia
Not considered as an accident or consequence of an accident is any form of hernia arising and/or manifesting itself, unless the medical advisor of the insurer determines otherwise.

23.1.3.2
Insect bite or sting
Not considered as an accident or consequence of an accident is the intake of pathogenic organisms through an insect bite or sting such as malaria, typhus, plague, encephalitis lethargica.

23.2 Insured amounts and payment amounts Accidents

23.2.1 Payment in case of death
In case of death of the insured as a direct and exclusive consequence of an accident, an amount of € 7,500.- will be paid out.

23.2.2 Payment in case of plastic surgery
In case of plastic surgery after deformity, mutilation or disfigurement of the face as a direct consequence of an accident, an amount of € 10,000.- will be paid out.

23.2.3 Payment in case of permanent disability
In case of permanent disability of the insured person as a direct and exclusive consequence of an accident, a maximum amount of € 75,000.- will be paid out. The size of the amount paid will be determined as soon as the extent of permanent disability can be assessed objectively and medically, yet no later than two years after the accident occurred. The payment will amount to a percentage of the abovementioned amount as set out hereinafter:

In case of total incurable paralysis	100%
In case of total incurable mental disorder	100%
In case of total loss of the functioning of:	
eyesight to both eyes	100%
eyesight to one eye	30%
en, indien de maatschappij voor het gezichtsvermogen van één oog een volledige uitkering heeft verleend, voor het gezichtsvermogen van het andere oog	70%
hearing to both ears	60%
hearing to one ear	25%
and, in case the company has awarded full payment for the hearing of one ear, for the hearing of the other ear	35%
the sense of smell	10%
the sense of taste	10%
functioning of a kidney or the spleen	10%
the arm up to the shoulder joint	75%
the arm up to the elbow joint or between the elbow joint and shoulder joint	70%
the hand up to the wrist joint and/or arm between the wrist joint and elbow joint	60%
the leg up to the knee joint or between the knee joint and the hip joint	60%
the leg up to the hip joint	75%
the foot up to the ankle joint or the leg between the ankle joint and knee joint	50%
the thumb	25%
the index finger	15%
another finger	12%
the big toe	10%
another toe	5%
a kidney or the spleen	10%

The total payment awarded for the loss of more than one finger shall not exceed payment for the loss of the entire hand.

For the percentages referred to above, a proportionate part will be paid in case of partial loss. In all cases of permanent disability not specifically mentioned above, the percentage will be determined based on the extent of the permanent disability, without taking into consideration the profession of the insured person.
The amount payable and the extent of permanent disability will be determined by the insurer, based on data from recognized (medical) experts.
In doing so, the insurer will refer to the latest edition of the “Guides to the Evaluation of Permanent Impairment” of the American Medical Association (A.M.A.), and may also take into account guidelines from relevant Dutch medical specialist associations where applicable.

23.2.4 Maximum payment
All payments due to permanent disability which arose during the term of the underlying insurance shall never exceed the maximum insured amount for permanent disability.

23.2.5 Death following permanent disability
The payment due to death is equal to the insured amount as referred to in article 23.2.1 subject to the condition that a preceding payment due to permanent disability as a result of the same accident, will be deducted from this up to no more than the insured amount for death.

23.2.6 Existing disability
If an existing permanent disability is exacerbated by an accident, the payment will be calculated on the basis of the difference between the percentage of permanent disability before and after the last accident.

23.2.7 Existing disorders
If the consequences of an accident are enhanced by an ailing circumstance or by a physical or mental disorder of an insured person, payment will be no more than when the accident would have happened to an entirely healthy person with no disabilities.

23.2.8 Beneficial entitlement in case of death
The heirs are the benificiaries for payment in case of death of the insured person. The heirs will receive payment in proportions similar to their shares in the inheritance.
If no heirs exist at the time of the insured person's death, no payment shall be made under this insurance.

23.2.9 Beneficial entitlement in case of permanent disability
The insured person is the beneficiary for payments made by the insurer under this insurance.

23.2.10 No payment to government
The government cannot act as benificiary.

23.3 Taxes
The insurer shall deduct all applicable taxes from payments to interested parties if and when the law prescribes the insurer to withhold these taxes prior to payment of the claim. In all cases the liability for payment of the taxes lies with the interested parties.

23.4 Exclusions Accidents
In addition to the general exclusions from article 6, also no compensation will be awarded for the costs as referred to in this article.

23.4.1 Unlawful act
Not insured are the costs which arose because of the insured person being involved in an assignment to perform an unlawful act, or an attempt to that effect.

23.4.2 Fights, bets or risky ventures
Not insured is an accident caused by fighting, bets or risky ventures, other than (self-) defense, rescue or the preservation of people, animals or goods.

23.4.3 Alcohol use, use of substances referred to
Not insured are the costs arising from the use of alcohol, medicines, stimulating substances, narcotics or intoxicants. The exclusion also applies when an insured person refuses to submit to a breathalyzer, urine or blood test.

23.4.4 Dangerous sports

Not insured is an accident that occurred during participation in or practising of a combat sport and power sport, (semi) professional sports, hunting big game, jumping parachute, 'via ferrata climbing' and glacier and mountain sports (except for on levelled roads or a terrain without roads that is also easily accessible for inexperienced sports practitioners).

Wintersports and underwater sports not practised professionally or semi-professionally will only be insured when this is stated in the insurance policy and the premium to that effect has been paid.

23.4.5 Hazardous work activities

Not insured is an accident that occurs during work activities performed by the insured person, in so far as specific labor hazards or workplace hazards are attached to these work activities and in so far as these work activities are not within the framework of internship.

23.4.6 Speed races

Not insured is an accident that occurs during participation in or preparation for races with bicycles, motorcycles, motor vehicles, motorboats and horses.

23.4.7 Aircraft

Not insured is an accident that occurs during the use of aircraft of whatever nature, other than as a passenger on an aircraft authorized for public transportation of passengers.

23.4.8 Military service, acts of war

Not insured is an accident that occurs while the insured person engages in the execution of military service, or in the service of the police force of whichever country, active participation in acts of war (either or not declared), invasion, actions by a foreign enemy, civil war, armed services, hostilities, rebellion, insurgency, revolution or rioting.

23.4.9 Gross negligence, failure to act and recklessness

Not insured is an accident that occurs through gross negligence, failure to act or recklessness of the insured person or a beneficiary.
This exclusion does not apply to:

- the insured person who demonstrates that he cannot be reproached for the circumstances as referred to;
- the beneficiary demonstrates that neither he, nor the insured person can be reproached.

23.4.10 No valid driver's license

Not insured is an accident that happens to the insured person while driving a motor vehicle without being in the possession of a valid Dutch driver's license or driving test pass certificate.

23.4.11 Sailing

Not insured is an accident that occurs while sailing on waters other than inland waterways, when competitions, sailing solo or sailing with vessels not suited or equipped for marine navigation are concerned.

23.5 Specific obligations Accidents

23.5.1 Reporting damage

As soon as reasonably possible after the accident occurs, yet no later than before departure abroad, the insurer must be notified in writing of the accident from which a right to payment as a result of disability arises.

23.5.2 Notification at a later time

If the notification is effected at a later time, the right to payment may yet be in place if it can be demonstrated that:

- the disability is a direct and exclusive consequence of the accident;
- the consequences of the accident were not increased by an ailing condition or by a physical or mental disorder of the insured person;
- the insured person has followed all the prescriptions of the attending physician.

23.5.3 Notification of death

In case of death of the insured person, the company must be notified as soon as reasonably possible, yet no later than 48 hours prior to the funeral or cremation. Failure to notify the company in time may result in the lapse of the right to payment.

23.5.4 Cooperation benefit recipients

In case of death of the insured person, the benefit recipient will be obligated to cooperate upon request with all measures to establish the cause of death.

23.5.5 Facilitating recovery

The insured person is obligated to immediately seek treatment from a recognized physician and to do everything possible to facilitate the recovery.

23.5.6 Additional examination

Upon request by and at the expense of the insurer, the insured person is obligated to allow for his examination by a physician to be appointed by the insurer, to allow for his admission to a hospital or other institution to be appointed by insurer in order to be examined.

23.5.7 Information from third parties

The insured person is obligated to authorize the insurer to retrieve information from third parties.

23.5.8 Providing information

The insured person is obligated to provide the insurer or experts appointed by same with information deemed necessary, or have it provided and not to conceal facts or circumstances, which may be important for the determination of the extent of the permanent disability.

23.5.9 Notification of recovery

The insured person is obligated to notify the insurer forthwith of partial or complete recovery.

23.5.10 Failure to comply with obligations

The insurance provides no coverage if the insured person fails to comply with one or more obligations if and in so far as this impairs the interests of the insurer. Each right to payment will lapse when the insured person fails to comply with one or more obligations, for the purpose of misguiding the insurer, unless the misguidance does not justify the lapse of this right.

24. Special conditions Liability

24.1 Definitions of terms Liability

24.1.1 Insured persons

Insured are:

a. the insured person,
b. children born during the term of the insurance, as referred to in article 20.2.4, subject to their written registration at InsureToStudy within one month after their birth.

24.1.2 Insured capacity
Insured is the liability of the insured person as a private person.
The liability in connection with operating a (an ancillary line of) business or with a (an additional) job and performing paid manual labor is not covered. Claims from the employer or his successors in title or surviving relatives are not covered.

Contrary to the provisions in this article, the liability of the insured person in connection with work activities from internship are included in the coverage of this insurance, in so far as these work activities do not pertain to performing medical procedures, rendering advice, making designs and calculations, or else similar professional work activities. The coverage for liability in connection with work activities from internship is secondary, which means that an insurance taken out elsewhere shall at all times take precedence, regardless of the commencement date of the insurance taken out elsewhere. The deductible of the insurance taken out elsewhere will not be compensated.

24.1.3 Damage
Damage shall be understood to be damage to persons and damage to objects.

24.1.3.1 Damage to persons
Damage to persons shall be understood to be: damage through injury or impairment of health of persons, not being the insured person, either or not resulting in death, including the damage arising therefrom.

24.1.3.1 Damage to objects
Damage to objects shall be understood to be the damage and/or destruction and/or loss of corporeal objects belonging to others than the insured, including the damage arising therefrom.

24.2 Insurance coverage Liability
Insured is the liability of the insured persons and their insured capacity for damage caused or arising during the term of the insurance. The coverage applies for all the insured persons together up to the maximum of the insured amount per event.

24.3 Insured amount Liability
The insured amount is a maximum of € 1,250,000.- per event.

24.3.1 Coverage higher than the insured amount
Compensation in excess of the insured amount will be awarded for:
a. the costs of legal proceedings conducted with consent or upon request from the insurer and the costs of legal aid provided on its orders;
b. the statutory interest on the portion of the principal sum covered by the insurance.

24.3.2 Security deposit
If a government demands a cash collateral on account of a damage covered under the insurance, for the purpose of warranting the rights of injured parties, the insurer will provide this security up to no more than 10% of the insured amount. The insured persons will be obligated to authorize the insurer to have access to this security as soon as it is released and, moreover, to extend all cooperation to obtain the refund.

24.4 Mutual liability
The insurance provides coverage for the liability of the insured persons towards each other for the damage sustained to persons by these other insured persons.
There will be no coverage when the claimant is a party other than a natural person immediately involved with the event, or else the surviving relatives of that natural person.

24.5 Immovable property

Insured with regard to immovable property is:
The liability of an insured person for damage caused by fire, extinguishing fire and explosion with regard to a house rented by him on the basis of a rental agreement (including holiday residence, holiday apartment), and all items contained there within, in so far as the insured person is not the owner/holder/purchaser of these items.

24.6 Friendly turn

The insurance provides coverage for the liability of the insured person for damage suffered by persons other than the insured person, in case:

- he unselfishly does a friend a favor and
- he would have been liable if this did not concern a favor to a friend and
- the damage did not arise on account of the injured party's own fault.

The compensation will amount to a maximum of € 12,500.- per event.

All other provisions will continue to apply. If a deductible applies, the insurer will not deduct this from the compensation. There will be no coverage provided if the claimant is a party other than a natural person immediately involved with the event, or else the surviving relatives of that natural person.

24.7 Exclusions Liability

In addition to the general exclusions of article 6, also no compensation will be awarded for the costs as referred to in this article.

24.7.1 Legal authority

Not insured is the liability for damage:

a. to objects held in the custody of an insured person or someone on his behalf pursuant to a rental, lease, tenancy or pledge agreement or usufruct (which includes the right to use and inhabit);
b. on account of operating a (an ancillary line of) business or performing a (an additional) job, performing paid manual labor other than as a favor to a friend, also performing military or civil service;
c. to objects unlawfully held in the custody of the insured person;
d. to motor vehicles, mobile homes or caravans, folding trailers, motorboats and sailboats, including sailboards, and aircraft held in the custody of an insured person or someone on his behalf;
e. consisting of and/or resulting from loss or theft of money, papers with cash value, bank cards, girocards, payment cards or credit cards, held in the custody of an insured person or someone on his behalf.

24.7.1.1 Partial co-insurance legal authority during internship

Insured is the liability for damage to objects at the address of the internship, which are held in the custody of an insured person, other than in the cases as referred to in article 24.7.1 a to e, up to an amount of € 10,000.- per event.

24.7.1.2 Partial co-insurance legal authority in other cases

Insured is the liability for damage to objects held in the custody of the insured person, other than in the cases as referred to under 24.7.1 a to e, up to an amount of € 10,000.- per event.

24.7.2 Motor vehicles

Not insured is the liability for damage caused with or by a motor vehicle owned, possessed, driven or used by an insured person.

24.7.2.1 Exceptions exclusion motor vehicles

The exclusion of article 24.7.2 does not, however, apply to:

a. the liability of an insured person as passenger of a motor vehicle, including damage to that motor vehicle;
b. the liability of an insured person as owner/user of engine-driven mowing machines, children's toys and such user items, provided that they cannot exceed a speed of 10 kilometers per hour, also remotely controlled model cars;
c. the liability of an insured person for damage caused by a camper trailer, luggage trailer or boat trailer, with the exclusion of damage caused by the coupling becoming detached;
d. the liability of the insured person for damage caused while joyriding with a motor vehicle, provided that the insured person is younger than 18 years of age.

The following liability will remain excluded:

- in case of theft or embezzlement of the motor vehicle
- in case of damage to the motor vehicle in itself.

In case of joyriding without violence, this coverage will not apply in so far as the liability is covered by another insurance, either or not from an earlier date.

24.7.3 Vessels

Not insured is the liability for damage caused with or by:

- a vessel with a length of 15 meters or more;
- a motorboat with a length of less than 15 meters, which is capable of reaching speeds in excess of 20 kilometers per hour.

24.7.3.1 Exceptions exclusion vessels

The exclusion according to article 24.7.3 does not apply for the liability:

a. of an insured person who is younger than 18 years of age, if he causes damage with a vessel of which an insured person is not the owner or holder, while joyriding with the vessel. In deviation from the provisions in artcile 24.7.1 c and d, the insurance also provides coverage for the damage to a vessel that is used for joyriding. The insurer awards compensation for this damage up to a maximum of € 10,000.- per event.
b. of the insured person as owner of the houseboat he resides in, if the houseboat is moored at its regular berth. The coverage also applies when part of the houseboat is rented out.
c. of an insured person for damage with or by remotely controlled model boats, which do not exceed speeds of 20 kilometers per hour.

The insurance never provides coverage for liability:

- in case of theft or embezzlement of the vessel, and
- if the liability of these insured person(s) is covered by one or more other insurances, or would have been covered by these in case this insurance would not have existed.

24.7.4 Aircraft

Not insured is the liability for damage caused with or by an aircraft, a model aircraft, a hang-glider, a target aircraft, a paraglider, a kite, an airship, a UAS/drone, a model rocket, other aircraft, also a fully filled balloon with a diameter in excess of 1 meter.

24.7.4.1 Exceptions exclusion Aircraft

The exclusion according to article 24.7.4 does not apply to the liability:

a. for damage with or by remotely controlled model airplanes with a weight of no more than 20 kilograms;
b. of an insured person as passenger of an aircraft, including damage to that aircraft.

The coverage as described under a and b does not apply in so far as the liability is covered by another insurance, either or not of an earlier date.

24.7.5 Weapons
Not insured is the liability for damage caused in connection with the possession and/or use of weapons as referred to in the Dutch Weapons and Ammunition Act.

24.7.6 Sexual behavior or violence
Not insured is the liability:
a. of an insured person for damage caused by and/or arising from his sexual behavior or conduct with sexual overtones of whatever nature or by expressions of violence;
b. of an insured person belonging to a group, for damage caused by and/or arising from sexual behavior or conduct with sexual overtones of whatever nature or by expressions of violence from one or more persons belonging to that group, also in case the insured person himself did not act as such.

24.8 Manner of assessment of damages Liability
The insurer undertakes to determine and settle the damage. The insurer has the right to indemnify the injured party directly and arrange a settlement with him. In doing so, the insurer will observe the interests of the insured person. If the damage compensation consists of periodic payments of which the value, with due observance of the other payments, is higher than the insured amount, then the duration or the amount of these payments shall be proportionally reduced at the discretion of the insured person.

25. Special conditions Legal Assistance

25.1 Definitions of terms

25.1.1 Legal Assistance
Legal assistance is the provision of legal advice and the reimbursement of costs attaching to this.

The insured will receive legal assistance in kind. This means that the insured will receive aid in the form of legal advice by experts from legal assistance agency DAS. If DAS considers it necessary, it may engage an expert who is not employed by DAS, for example a legal assistance provider or loss assessor. This external expert may then provide (part of) the legal assistance. Only DAS may engage this expert on behalf of the insured, the insured is not permitted to do so himself / herself.

The insured may choose a legal assistance provider to conduct legal proceedings or an administrative procedure. In many cases, the legal expert employed by DAS may conduct proceedings. However, if the insured so desires, he / she may also choose a legal assistance provider who is not employed by DAS. Also, in case the party that the insured is in conflict with receives legal assistance from DAS, the insured may select a legal assistance provider himself / herself.

If the insured wishes for DAS to engage an external legal assistance provider to conduct legal proceedings or an administrative procedure and according to the laws and regulations it is not mandatory to engage a lawyer (no mandatory legal representation), the insured will be required to pay a deductible of 250 euros. DAS will not assign the external legal assistance provider chosen by the insured, until DAS has received this deductible from the insured.

25.1.2 Costs
Costs will be understood to mean the costs to be incurred by DAS for providing legal aid to the insured. The insured will receive legal aid from experts employed by DAS. The insured will be fully reimbursed for the costs of these members of staff.

Besides this, DAS will reimburse the costs in connection with engaging lawyers, debt collectors, witnesses and experts. However DAS will only reimburse the reasonably and necessary costs incurred.
Within Europe and the non-European countries around the Mediterranean, DAS will pay these costs without limitation. Outside Europe and the non-European countries around the Mediterranean, DAS will pay a maximum of these costs amounting to € 7,500.- per event.

If the insured wishes for DAS to engage an external legal assistance provider to conduct legal proceedings or an administrative procedure and according to the laws and regulations it is not mandatory to engage a lawyer for this (no mandatory legal representation), a different reimbursement of the costs will apply. As part of the maximum reimbursement, DAS will then pay the remuneration and the office costs of the external legal assistance provider up to a maximum amount of € 6,050.- per event. This amount is including VAT.

If multiple conflicts arise from one event, DAS will consider this as one conflict. In such case, the right to the aforementioned maximum reimbursement will only apply once.

Attention: The remuneration of the lawyer is not charged to the insurer if the lawyer acts on the basis of “no cure, no pay”. In that case the remuneration will be regarded as included in the damage compensation.

25.2 Insurance coverage

25.2.1 Recovery assistance
Legal aid when recovering damage inflicted on the insured or to his / her property (with the exception of motor vehicles or airplanes or ships belonging to the insured) by a third party who is legally liable for this.

25.2.2 Legal defence
The legal defence in the event that criminal proceedings are brought against the insured, unless an intentional offense is concerned, or else if the insured committed the crime wilfully and knowingly, or if a violation of tax regulations (including customs regulations) is concerned.

25.3 Advance payments

DAS will provide advance payments against sufficient guarantee up to a maximum of € 7,500.- for:

a. payment of the costs of the insured and the other party that are due for the proceedings and execution, with the exception of the security deposits, in so far as an irrevocable court ruling has determined that these costs must be borne by the insured;
b. releasing the insured from custody in the undesired event that he is taken into custody following a traffic accident.

Such an advance or security deposit will be regarded as a loan from DAS to the insured, who will repay this in full as soon as the security deposit has been refunded to him in case of a discontinuation of proceedings, in case of an acquittal or else within 15 days after the date on which the competent authority has given its ruling. Repayment to DAS must in any case be made within 60 days after the advance was paid by DAS or the security deposit was made.

25.4 Exclusions

In supplementing the general exclusions of article 6, the insured will receive no legal aid

a. if the insured is able to reasonably foresee the need for legal aid at the commencement date of the insurance.
b. if the interest concerned exceeds € 250.-;
c. in case of (conditional) intent, recklessness or negligence by the insured.

25.5 Course of affairs

25.4.1
If the insured wishes to rely on legal aid, he must report this to DAS as soon as possible at the office address De Entree 222, 1101 EE Amsterdam, the Netherlands, telephone number 0031 (0)20 6 517 517.

25.4.2
From the moment DAS has notified the insured that further handling of the case will not have any reasonable chances of success, the insured will no longer be able to rely on coverage, with the exception of the dispute settlement.

25.6 Dispute settlement, liability and complaints

25.6.1 Dispute settlement

a. If the insured disagrees with DAS regarding the feasibility of the case or the manner in which DAS handles the case, the insured may request DAS in writing to present this disagreement to a lawyer at the discretion of the insured. This lawyer will receive all information and documentation about the dispute. He / she may also inquire after the position of the insured. Subsequently, the lawyer will present his / her judgment. DAS will be obliged to follow the judgment of this lawyer and DAS will also pay the costs of the lawyer. These costs are separate from the maximum amount as referred to in the summary of cover.
b. If the insured disagrees with the judgment from the lawyer, the insured may continue handling of the case at his / her own expense and risk. If the insured is proved (partially) right in an irrevocable judgment, DAS will as yet reimburse the reasonably incurred costs of legal aid up to the amount as referred to in the summary of cover.
c. In principle, DAS will continue handling the case in accordance with the judgment from the lawyer appointed by the insured. However, DAS may also decide to hand over handling of the case. The insured will then choose to which lawyer the case is handed over. However, this may not be the lawyer who presented his judgment, nor may it be a colleague from the same office of this lawyer.
d. The right to rely on this dispute settlement will lapse one year after DAS has informed the insured about its position in writing.
e. This dispute settlement does not apply for legal disputes with a lawyer or an external expert, regardless whether or not this lawyer or external expert was engaged at the request of the insured.

25.6.2 Liability

Experts from DAS are only liable for damage they cause in providing legal aid up to the amount stated in their professional liability insurance. A copy of this insurance policy containing the terms and conditions may be requested from DAS by the insured.

The insurer and DAS are not liable for damage arising by the work activities of an external expert engaged by DAS, either or not at the request of the insured.

25.6.3 Complaints settlement

Complaints about the manner in which legal aid is provided by DAS may be submitted to DAS, P.O. Box 23000, 1100 DM Amsterdam, the Netherlands. If the insured is of the opinion that the complaint was not handled properly, this complaint may be presented to the Dutch foundation Financial Services Complaints Tribunal (abbreviated in Dutch as KiFiD), P.O. Box 93257, 2509 AG The Hague, the Netherlands, telephone number 0900-355 22 48. This must be done within three months after the final reaction from DAS has been received. If the insured does not wish to use these possibilities for handling complaints, he / she may present the dispute to the competent court.

26. Special conditions Winter sport

26.1

Please note: this insurance only applies if stated in the policy and the policyholder has paid a premium for this.

If it appears from the certificate that the additional premium for the winter sport risk has been paid and the insured person, on account of an insured event during the winter sport, prematurely returns home, or in case of recall, or on medical grounds he furthermore can no longer make use of prepaid skiing lessons, ski pass or ski rental, then a cancellation compensation will be awarded pertaining to the costs referred to, on a proportional basis. A proportional compensation shall be understood to be a compensation of the total number of days not taken in relation to the total number of days of the duration of the lessons, pass or ski rental. Any refunds will be deducted from the compensation to be awarded.

Insured is damage arising while skiing or snowboarding:
- to skiing and snowboarding equipment
- to the winter sport items hired abroad
- for costs of ski passes, skiing classes and hired skiing equipment, if the insured is unable to use such items anymore due to an accident or early return. We will then only compensate for the days not used

damage (no purely pecuniary loss) incurred by the insured in practicing (under)water sports and winter sports indicated with a risk classification of 3 or lower.

26.2 Insured amount

The maximum insured amount shall be € 1,200.-

26.3 Validity of the insurance

The insurance will only be valid if taken out within 21 days after booking the travel arrangements; premiums already paid for on an invalid insurance for costs of cancellation will be refunded upon request.

No refunds will be awarded over paid premiums, other than in case of cancellation of the study/ internship agreement, travel agreement or rental agreement by the educational institute, the internship provider, the transportation organization or the landlord.

26.4 Special obligations

Apart from the general obligations as referred to in the general terms and conditions, the following obligations apply:

a. The insured person - or else the interested party to this insurance - is obligated to notify the insurer forthwith of the circumstances which might lead to a right to compensation pursuant to this agreement.
b. They are also obligated, if so requested by insurer, to submit authentic proof in case of a claim pursuant to this insurance and, moreover, to grant all cooperation reasonably requested by insurer.
c. They must also submit proof of the paid registration fees and/or the wholly or partially paid travel/ rental costs.

26.5 Not insured

Not insured is:
- damage arising because the insured ignored warnings or a prohibition on or around the skiing slope
- damage of only ski poles, bindings, the base or the sides of the skis or snowboard, unless further use is rendered impossible as a result of this damage.

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