

# **Group Personal Accidents**

**European Schools General Conditions** 

**GENERAL CONDITIONS** 



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This policy is subject to the General Conditions and the Schedule.

The Schedule shall prevail over the General Conditions if contradictory or different.

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AIG Europe S.A. is an insurance undertaking with R.C.S. Luxembourg number B 218806. Registered office: 35 D Avenue J.F. Kennedy, L-1855, Luxembourg. AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances 7, boulevard Joseph II, L-1840 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, <a href="mailto:caa@caa.lu">caa@caa.lu</a>, <a href="mailto:www.caa.lu">www.caa.lu</a>.

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#### **CHAPTER 1. DEFINITIONS**

The following definitions shall apply for this contract's application:

#### 1.1. COMPANY

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AIG Europe S.A., Belgium branch is located Pleinlaan 11, 1050 Brussels, Belgium. RPM/RPR Brussels - VAT number: 0692.816.659. AIG Europe S.A. Belgium branch is registered with the National Bank of Belgium (NBB) under the number 3084. The NBB is located at de Berlaimontlaan 14, 1000 Brussels, <a href="https://www.nbb.be">www.nbb.be</a>.

#### 1.2. POLICYHOLDER

The person taking out the contract.

#### 1.3. INSURED PERSON

Any person to whom the insurance applies.

#### 1.4. BENEFICIARY

The person entitled to payment of the compensation.

#### 1.5. ACCIDENT

A sudden event the cause of which or one of the causes of which is outside the control of the INSURED PERSON and which leads to bodily injury.

The following are considered as accidents:

- Health problems that are the direct and exclusive consequence of a covered ACCIDENT or an attempt to rescue persons
  or property in danger;
- b. Inhalation of gas or vapour and absorption of poisonous or corrosive substances;
- c. Muscular dislocations, distortions, pulling and tearing, caused by a sudden effort;
- d. Frostbite, heatstroke, and exposure to the sun, with the exception of sunburn;
- e. Drowning.

#### 1.6. ILLNESS

Any change of the INSURED PERSON's health, officially noted by a physician, that is not the consequence of an accident, involving objective symptoms making the diagnosis undeniable and manifesting itself for the first time during the policy's validity period.

#### 1.7. DOCTOR

A doctor of medicine, member of the Belgian Medical Association; (abroad) a person recognised by law in the art of healing.

#### 1.8. HOSPITAL, CLINIC

Health care institution for illnesses or accidents recognised by the Public Ministry of Health, excluding sanitaria, psychiatric homes, health hotels for rheumatics, rest homes, and other similar institutions.

#### 1.9. SCHOOL LIFE

The COMPANY covers the INSURED PERSON in case of an ACCIDENT occurring during the normal everyday school life, as well as activities like social & cultural and sport events organised or authorised by the school, that can be carried out both inside and outside the school's premises. Also covered are the displacements necessary for the insured activities, by any means of transport and even as a pedestrian.

#### 1.10. WAR

Any armed conflict, declared or not, of one state towards another state, an invasion or a state of siege. The following are considered to be acts of war: any warlike activity, including the use of military force by a sovereign nation for economic, geographical, nationalistic, political, racial, religious, or other, ends.

#### 1.11. RENEWAL DATE

RENEWAL DATE as defined in the schedule.

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#### 1.12. LOSS OF SIGHT

The permanent, total and irrecoverable physical loss of one or both eyes or the permanent, total and irrecoverable loss of a substantial part of the sight of one or both eyes.

The COMPANY will consider loss of sight to be substantial if the loss of sight:

- 1) in both eyes results in the INSURED PERSON's name being added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist; or
- 2) remaining in one eye is assessed at 3/60 or less on the Snellen scale after correction with spectacles or contact lenses (at 3/60 on the Snellen scale a person can see at 3 feet something that a person who has not suffered loss of sight should be able to see at 60 feet).

#### 1.13. LOSS OF SPEECH

Permanent, total and irrecoverable loss of the ability to speak.

#### 1.14. LOSS OF HEARING

Permanent, total and irrecoverable loss of hearing resulting in inability of the INSURED PERSON to hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz when tested by a qualified audiologist.

#### 1.15. LOSS OF LIMB

In the case of a leg or lower limb

- a. loss by permanent physical severance at or above the ankle; or
- b. permanent, total and irrecoverable loss of use of a complete leg or foot.

In the case of an arm or upper limb

- a. loss by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the hand); or
- b. permanent, total and irrecoverable loss of use of a complete arm or hand.

#### 1.16. THIRD DEGREE BURNS

Burns which result in the destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands), and which require surgery or a skin grafting to treat.

#### 1.17. INPATIENT

An INSURED PERSON for whom a HOSPITAL clinical case record has been opened and who has been admitted to a HOSPITAL for a minimum stay of 24 hours for the medical care and treatment of BODILY INJURY and ILLNESS.

#### 1.18. THEETH PROSTHESIS

Means crowns, inlays, onlays, adhesive reconstructions/restorations, bridges, dentures and implants as well as all necessary and ancillary treatment and repairs required.

#### 1.19. OPTICAL DEVICES

Means medically necessary prescribed glasses, frames and contact lenses prescribed by an Ophthalmic DOCTOR.

#### 1.20. EMERGENCY

Means a sudden change in a person's health which requires urgent medical or surgical intervention to avoid permanent damage to life or health.

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#### **CHAPTER 2. GENERAL PROVISIONS**

#### 2.1. TERRITORIAL SCOPE

The insurance is valid worldwide.

If the INSURED PERSON spends time abroad, during the SCHOOL LIFE, the benefits are only due if the COMPANY is able to carry out medical checks concerning the disablement's nature and any changes.

#### 2.2. VALIDITY AND TERM

The policy commences on the date stipulated in the schedule and is valid for a period of one year.

The policy is automatically renewed for successive periods of one year, unless stated otherwise in the schedule and except for cancellation on the terms stipulated in Article 2.7. hereunder.

#### 2.3. PAYMENT OF THE PREMIUM

The premium shall be paid in advance. The premium is due and payable in the place of residence of the POLICYHOLDER, upon presentation of the receipt or upon notification of the premium due date.

Legally imposed taxes and contributions are in addition to this premium.

In case of non-payment of the premium, the regulations of the law of 4 April 2014 on insurances shall become applicable.

#### 2.4. CHANGE OF RISK

The COMPANY shall be notified immediately of any change in the risk. In all cases in which the risk disappears, decreases or increases, the parties shall act in accordance with the law of 4 April 2014 on insurances.

#### 2.5. PREMIUM INCREASE

If the COMPANY increases its rates, it shall have the right to apply the resulting premium at the next premium due date. The COMPANY shall notify the POLICYHOLDER thereof at the latest 4 months before the due date. The POLICYHOLDER is considered to have accepted unless he/she states otherwise in writing during the period concerned. In the latter case this POLICY shall expire on the next premium due date.

#### 2.6. WAIVER OF THE RIGHT OF RECOURSE

With the exception of medical expenses, the COMPANY waives its right of any recourse to the benefit of the INSURED PERSON(S) and the BENEFICIARY/BENEFICIARIES

#### 2.7. TERMINATION

- 2.7.1 The COMPANY may cancel the policy:
  - 2.7.1.1. On every annual RENEWAL DATE of the policy, by giving prior notice by registered letter, bailiff service or delivery of a cancellation letter against receipt at least three months before the RENEWAL DATE;
  - 2.7.1.2. In case of an unintentional omission or inaccuracy in the POLICYHOLDER'S declarations or questionnaires when concluding the policy, or in case of an increase in risk, if the proposal of the COMPANY to amend the policy is refused by the POLICYHOLDER within the period of one month after receipt of this proposal, the COMPANY may cancel the policy within fifteen calendar days as from the refusal;
  - 2.7.1.3. In the case of non-payment of the premium;
  - 2.7.1.4. In case of bankruptcy of the POLICYHOLDER, but no earlier than three months after the declaration of bankruptcy.
- 2.7.2 The POLICYHOLDER may cancel the policy:
  - 2.7.2.1. On every annual RENEWAL DATE of the policy by giving prior written notice by registered letter, bailiff service or delivery of a cancellation letter against receipt at least 3 months before the RENEWAL DATE;
  - 2.7.2.2. In the case of change in the insurance premium rate as provided by the applicable law and except as provided in article 2.5;
  - 2.7.2.3. If the COMPANY and the POLICYHOLDER cannot reach an agreement in case of a change in risk;
  - 2.7.2.4. After each claims notification, but no later than one month after the payment or the refusal of payment of the indemnity.
- 2.7.3. The cancellation of the policy shall be effected by registered letter, bailiff service or delivery of a cancellation letter against receipt. Unless stipulated otherwise in these conditions, cancellation of the policy shall take effect on expiry of a period of three months from the day following the service or the date of receipt, or in case of a registered letter, the day of delivery.
- 2.7.4. Cancellation of the policy by the COMPANY pursuant to a claims notification shall take effect on expiry of a period of three months from the day following the service or the date of receipt, or in case of a registered letter, the day of delivery.

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In case the POLICYHOLDER, the INSURED PERSON or the BENEFICIARY fails to fulfil any of the obligations arising from the occurrence of the loss, with the intention of deceiving the COMPANY, the latter can at any moment cancel the police, when the COMPANY has filed a civil-law complaint with the examining magistrate pursuant to articles 193, 196, 197, 496 or 510 to 520 of the Belgian Penal Code. The cancellation shall take effect at the earliest one month as from the day following service or the date of the receipt or, in the case of a registered letter, the day after posting. The COMPANY shall compensate the damage caused by the cancellation, in case the COMPANY renounces from the claim or in case the public prosecution leads to acquittals or dismissals.

2.7.5. In the event that the policy is cancelled for any reason whatsoever, premiums paid for the insurance period after cancellation takes effect, shall be reimbursed. In case of a partial cancellation or any other reduction in the insurance benefits, the aforementioned only applies to the part of the premiums corresponding to such reduction and in proportion thereto.

#### 2.8. AGE LIMIT

The coverages of this contract are valid until the INSURED PERSON reaches the age of 23 years old and insofar the INSURED PERSON is still a student, is economically dependent of his/her parents and is not engaged in any professional activity.

The contract shall end automatically on the next due date if the INSURED PERSON is no longer enrolled as a student in one of the insured schools.

#### 2.9. "AVIATION" RISK

The insurance covers the use, as a passenger, of all planes, hydroplanes or helicopters duly authorised to transport persons, provided that the INSURED PERSON is not part of the crew and, during the flight, does not engage in any professional or other activity related to the machine or the flight.

#### 2.10. DOMICILE

For the purpose of this POLICY the COMPANY's sole domicile is its registered offices in Brussels.

Notifications to the POLICYHOLDER shall be validly sent to his/her most recent address, as officially known to the COMPANY

#### 2.11. GOVERNING LAW AND SETTLEMENT OF COMPLAINTS AND DISPUTES

#### Applicable law

The provisions of the present contract are governed by the law of 4 April 2014 on insurances and by all its extensions, modifications and executory decisions.

#### Complaints

The INSURED PERSON may send any complaint to the COMPANY who can be contacted in writing at AIG Europe S.A., Belgium Branch, Complaints, Pleinlaan 11, 1050 Brussels, by telephone: 02 739 9690 or e-mail: <a href="mailto:belgium.complaints@aig.com">belgium.complaints@aig.com</a>.

The COMPANY will acknowledge the complaint within 10 business days of receiving it and provide an answer within one month (unless specific circumstances prevent the COMPANY from doing so, in which case the complainant will be informed).

If the complainant is not satisfied with the COMPANY's response, they may then contact the Ombudsman des Assurances at de Meeussquare 35, 1000 Brussels - Telephone 02 547 5871 – info@ombudsman.as – www.ombudsman.as.

As AIG Europe S.A. is a Luxembourg based insurance company, complainants who are natural persons acting outside of their professional activity, if they are not satisfied with the COMPANY's response or in the absence of response after 90 days, may also (i) raise the complaint at the level of the head office of the COMPANY by writing to AIG Europe SA "Service Reclamations Niveau Direction" 35D Avenue JF Kennedy L- 1855 Luxembourg - Grand Duché de Luxembourg or by email at <a href="mailto:aigeurope.luxcomplaints@aig.com">aigeurope.luxcomplaints@aig.com</a>; (ii) access one of the Luxembourg mediator bodies the contact details of which are available on AIG Europe S.A.'s website: <a href="mailto:www.aig.lu">www.aig.lu</a> or (iii) lodge a request for an "out of court resolution" process with the Luxembourg Commissariat Aux Assurances (CAA) by writing to CAA, 7 boulevard Joseph II, L-1840 Luxembourg - Grand Duché de Luxembourg or by email at <a href="mailto:reclamation@caa.lu">reclamation@caa.lu</a> or online through the CAA website: <a href="www.caa.lu">www.caa.lu</a>.

All requests to the CAA or any of the Luxembourg mediator bodies must be filed in Luxembourgish, German, French or English.

Following this complaint procedure or making use of one of the options does above not affect the complainant's right to take legal action.

#### <u>Jurisdiction</u>

Any dispute between parties will be subject to the exclusive competence of the Belgian courts.

#### 2.12. SUBROGATION

The COMPANY who has paid the indemnity is subrogated, up to the amount of this indemnity, in the rights and actions of the INSURED PERSON or the BENEFICIARY against the third parties responsible for the injury.

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#### 2.13. PERSONAL DATA

## How we use Personal Information

We are committed to protecting the privacy of customers, claimants and other business contacts.

"Personal Information" identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share their Personal Information with

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) or (where we require it and are legally permitted to collect it) information about criminal convictions, as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assessments and decisions about the provision and terms of insurance and the settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis
- (Internal) audit

**Sensitive Personal Information** – In connection with the provision of insurance and the assessment of a claim, we will collect, use and disclose certain Sensitive Personal Information concerning your health and medical conditions. Where we do this, we will do so with your explicit consent and as otherwise permitted by law.

**Sharing of Personal Information** - For the above purposes, Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

**International transfer** - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

**Security of Personal Information** – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights — You have a number of rights under data protection law in connection with our use of your Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to request that we correct inaccurate data, erase data, or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator in your country. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

**Privacy Policy** - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at <a href="http://www.aig.be/privacy">http://www.aig.be/privacy</a> or you may request a copy by writing to: Data Protection Officer, AIG Europe, Pleinlaan 11, 1050 Brussels or by email at: <a href="mailto:dataprotectionofficer.be@aig.com">dataprotectionofficer.be@aig.com</a>.

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#### 2.14. NOTIFICATION OF CASES OF DAMAGE

Each case of damage must be reported to the COMPANY as soon as possible by means of the documents made available to this end.

The COMPANY must be informed of a fatal accident without delay. The notification must be filled in as completely as possible and include all the necessary details concerning the nature and the cause and it must state the name of the attending DOCTOR. A medical certificate shall be added, stating the level and duration of the disability and probable residual injuries. Changes as regards the level and/or duration of the disability shall be notified to the COMPANY within a period of one month after the change. If these obligations are not fulfilled, the COMPANY shall be under no obligation to pay benefits and it will in any case be allowed to reduce its performance to the amount of the loss incurred by the COMPANY. In case of (fraudulent) intention as regards nonfulfilment of the said obligations, the COMPANY can refuse cover. This forfeiture shall not be applied if the POLICYHOLDER and/or the INSURED PERSON and/or the BENEFICIARY can prove that the obligations provided for in the present article could not be fulfilled due to force majeure or if their good faith cannot be called into question.

#### 2.15. PAYMENT OF COMPENSATION

Benefits shall be established on the basis of the medical and factual information that the COMPANY has at its disposal. The INSURED PERSON and/or the BENEFICIARY/BENEFICIARIES shall have the right to accept or reject these. In the latter case, he/they have to inform the COMPANY of their objection by registered letter within 30 days of receipt of the notification.

All benefits shall be payable without interest within 15 calendar days of identification and justification on the part of the INSURED PERSON, POLICYHOLDER and/or the BENEFICIARY/BENEFICIARIES. Each claim for benefits, in case of rejection on the part of the COMPANY, shall lapse three years after the rejection was communicated by registered letter

#### 2.16. MOTORCYCLE

If the INSURED PERSON rides a motorcycle with an engine capacity of more than 150 cc as a passenger or as a driver, the liabilities of the COMPANY shall be reduced to 70%. Cover shall not be provided unless the INSURED PERSON has complied with the statutory safety regulations. An official report from the authorities or a medical report shall serve as proof.

#### **2.17. SPORTS**

The insurance does not cover:

- sports engaged in as a professional and/or in exchange for payment;
- all aerial sports, with the exception of hot air balloons (aerostat);
- weightlifting:
- motorised sports on water, with the exception of jet skiing and waterskiing;
- competitions involving land motor vehicles.;
- winter sports, with the exception of alpine skiing, Nordic skiing and snowboarding;
- hunting (including large game and safari hunting);
- expenses and injuries that are the result of decompression in case of scuba diving;
- mountaineering, climbing and mountain backpacking in an uncleared area;
- cave exploration;
- bungee jumping, skydiving and similar activities;
- dives deeper than 18 meters as well as diving accidents related to the non-use of a depth gauge (from 5 meters depth) and / or the non-respect of the decompression stops.
- participation (including training and trials) in horseracing competitions or in sports cycle racing;

All of the sports not referred to above are automatically covered.

#### 2.18. RESIDENCE LIMITATION

This policy offers coverage only if the POLICYHOLDER ordinarily resides in Belgium (if the POLICYHOLDER is a natural person) / or is established in Belgium (if the POLICYHOLDER is a legal entity).

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#### 2.19. EXCLUSIONS

The insurance does not include accidents:

- a. resulting from the intentional act of the contract's POLICYHOLDER, INSURED PERSON or BENEFICIARY, except in the case of a justified attempt to save persons or property.
- b. resulting from brawls, except in the case of legitimate defence.
- c. resulting from suicide or attempted suicide.
- d. resulting from acts of WAR. However, the cover shall apply to the INSURED PERSON during 14 days from the beginning of hostilities, if the INSURED PERSON is surprised abroad by the occurrence of such events.
- e. attributable to any type of unrest and the measures taken to combat them, unless the INSURED PERSON proves that he did not participate actively therein.
- f. occurring during the preparation of or intentional participation in crimes or offences.
- g. resulting from nuclear reactions or from reactions involving radioactivity or radiation from radioisotopes, except (in the case of an incident covered by the insurance) for medically necessary radiation.
- h. resulting from nervous or psychological ILLNESSES, unless these result from a physical ILLNESSES.
- i. resulting from an infirmity or any bad health condition of the INSURED PERSON that existed at the time of the insurance's came into force, or at the time of the increase of the contractual cover, such that the COMPANY would not have concluded the contract in the same conditions if it had been aware thereof.
- j. resulting from a state of inebriation, use of alcohol or narcotics, unless the INSURED PERSON proves that there is no cause-effect relationship between these circumstances and the disablement or the death.
- k. resulting from an ACCIDENT as the driver or passenger if the INSURED has not complied with all of the safety measures required by the applicable Highway traffic Code or legislation. Proof of this will take the form of a report from the authorities or a medical report.
- I. occurring during bets and wagers.

#### 2.20. GENERAL EXCLUSIONS

This policy will not cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses.

The COMPANY will not be cover and the COMPANY shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the COMPANY, its parent COMPANY or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, the Grand Duchy of Luxembourg, Belgium, the United Kingdom or the United States of America.

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#### **CHAPTER 3. OVERVIEW OF THE INSURANCE BENEFITS**

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#### 3.1. ACCIDENTAL DEATH

If the INSURED PERSON dies within two years of the exclusive consequences of a covered ACCIDENT, the insured amount is paid to the BENEFICIARIES indicated; in the absence thereof, it shall be paid to the INSURED PERSON's legal heirs, with the exception of the State. It is understood that creditors, including the tax authorities, cannot claim the compensation.

If an INSURED PERSON dies from the direct consequences of a traffic ACCIDENT whose cause or consequence is cardiac arrest, the COMPANY shall consider the ACCIDENT as a covered ACCIDENT.

#### 3.2. PERMANENT DISABLEMENT AFTER ACCIDENT

a. If the ACCIDENT results, within two years, in a physiological disablement that is acknowledged as being permanent, the COMPANY shall pay the INSURED PERSON an amount calculated on the insured amount in proportion to the disablement rate determined based on the below schedule of disablement in effect on the date of the ACCIDENT, without exceeding 100% disablement.

Invalidity caused by an ACCIDENT	Percentage payable per claim
Permanent Total Disablement	100%
Permanent Total Loss of SIGHT of both eyes	100%
Permanent Total Loss of SIGHT of one eye	100%
Permanent Total Loss of two LIMBS	100%
Permanent Total Loss of use of two limbs	100%
Permanent Total Loss of one LIMB	100%
Permanent Total Loss of the use of one limb	100%
Permanent Total Loss of the lenses of both eyes	100%
Permanent Total Loss of the lens of one eye	50%
Permanent Total LOSS OF HEARING in both ears	75%
Permanent Total LOSS OF HEARING in one ear	15%
THIRD DEGREE BURNS and/or resultant disfigurement which extend to cover more than 40% of the entire external body	50%
Permanent Total Loss of use of four fingers and thumb of either hand	70%
Permanent Total Loss of use of four fingers of either hand	40%
Permanent Total Loss of use of one thumb of either hand – both joints	30%
Permanent Total Loss of use of one thumb of either hand – one joint	15%
Permanent Total Loss of use of fingers of either hand – three joints	10%
Permanent Total Loss of use of fingers of either hand – two joints	7%
Permanent Total Loss of use of fingers of either hand – one joint	5%
Permanent Total Loss of use of toes of either foot – all toes	15%
Permanent Total Loss of use of toes of either foot – both joints of big toe	5%
Permanent Total Loss of use of toes of either foot – one joint of big toe	3%
Permanent Total Loss of use of toes of either foot – any toes other than big toe	1%
Shortening of the leg by at least 5 cm	10%

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GENERAL CONDITIONS



b. Injuries to limbs or organs that were already disabled or functionally lost will only be compensated by taking the difference between the pre-Accident and post-Accident conditions.

c. The evaluation of the injuries to a limb or an organ cannot be increased by the pre-existing condition of infirmity of another limb or organ.

The compensations insured for cases of death or permanent disablement can never be cumulated.

#### Extensions linked to the guarantees "Accidental death" and "Permanent Disablement after an ACCIDENT"

In the event of an ACCIDENT sustained by an INSURED PERSON results in a covered ACCIDENT under the Schedule of Invalidity and treatment includes any of the following as prescribed by a DOCTOR, the COMPANY will pay an additional benefit as follows:

Benefit	Description of Benefit	Maximum Amount Payable per Person per ACCIDENT
Admission to hospital	Benefit payable for each day (or partial day) an INSURED PERSON is admitted to a HOSPITAL as an INPATIENT	Flat amount of € 20 per day of hospitalisation during max. 30 nights
Home alteration	Cost of the reasonable expenses incurred to adapt the Insured person's regular place of residence for the physical alterations required for usage due to a covered ACCIDENT in above Schedule of Invalidity. The Company must provide written approval and consent of reasonable expenses prior these expenses are done.	The reasonable costs incurred up to a maximum of € 5.000 for all expenses incurred
Wheelchair	Reimbursement of costs for a wheelchair incurred within 12 months of an ACCIDENT for a covered ACCIDENT. Loss of mobility must be solely and directly caused by an ACCIDENT and wheelchair Benefit is not payable if the INSURED PERSON required usage of a wheelchair prior to ACCIDENT.	Up to max. € 1.500

#### 3.3. MEDICAL EXPENSES AFTER ACCIDENT

Within the limits of the insured amount and at most during two years from the date of the ACCIDENT, the COMPANY shall pay the necessary medical expenses required by a covered ACCIDENT, including prostheses and orthopaedic expenses, as well as transport expenses incurred for a medical reason.

The victim is free to choose DOCTOR, pharmacist or medical, pharmaceutical or hospital services.

During the treatment, the COMPANY may designate a DOCTOR to monitor the treatment.

This DOCTOR shall have free access to the victim and the attending DOCTOR shall be duly notified of this right to free access.

#### 3.4. THEETH PROTHESIS AFTER AN ACCIDENT

Within the limits of the insured amount and at most during two years from the date of a covered ACCIDENT, the COMPANY shall pay the THEETH PROTHESIS.

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## **Group Personal Accidents – European Schools**

**GENERAL CONDITIONS** 

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#### 3.5. GLASS / EYE LENSES

Within the limits of the insured amount and as a result of a covered ACCIDENT, the COMPANY shall pay the OPTICAL DEVICES.

#### 3.6. Local EMERGENCY medical transport.

Within the limits of the insured amount and as a result of a covered ACCIDENT, the COMPANY shall pay the local EMERGENCY medical transport expenses

#### 3.7. FUNERAL EXPENSES

Within the limits of the insured amount and as a result of a covered ACCIDENT, the COMPANY shall pay the funeral expenses that are reasonably incurred if an INSURED PERSON dies.

#### 3.8. SEARCH AND RESCUE / REPATRIATION EXPENSES

Within the limits of the insured amount and as a result of a covered ACCIDENT, the COMPANY shall pay:

- the documented rescue and/or tracing costs by official civilian and police rescue teams if the INSURED PERSON is immobilised;
- the costs for the transportation of the mortal remains or the ashes;
- for the repatriation costs which are reasonably and necessarily incurred as a direct result of a covered ACCIDENT, only when requested by a DOCTOR

Only a DOCTOR is authorised to decide on the repatriation and to choose the means of transportation.

#### 3.9. AGGRAVATING CIRCUMSTANCES

In the event of an aggravation of the consequences through infirmities, Illnesses, or causes or circumstances unrelated to the accidental circumstances, compensation cannot exceed the compensation that would have been due if the ACCIDENT had occurred to a person having a healthy body.

However, this restriction does not apply to the treatment expense insurance.

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