Information and advice form prior to taking out the "AVA Incoming ASL" Insurance Policy

You have just purchased one or more airline tickets from ASL Airlines France, and you wish to protect yourself against medical expenses abroad, assistance and repatriation.

In consideration of the information you have given us regarding your insurance wishes, we believe that the "AVA Incoming ASL" insurance is a solution tailored to your needs.

The insurance "AVA Incoming ASL" is issued from the insurance policy taken out:
- by **ASL Airlines France,** SA (public limited company) with a share capital of €32,052,406, whose registered office is located at 15 rue Haut Laval 93290 Tremblay-en-France, registered in the Bobigny Trade and Companies Register under no. 344 461 546 (hereinafter "the Policyholder");
- with **AIG Europe**, SA (public limited company) with a share capital of €47,176,225, whose registered office is located at 35D avenue John F Kennedy L-185 Luxembourg, registered with the Trade and Companies Register under no. 838 136 463, a company governed by the French Insurance Code (hereinafter referred to as "the Insurer");
- and distributed by **ASL Airlines France in its** capacity as an insurance intermediary as an accessory derogatory (Article L513-1 of the French Insurance Code) (hereinafter the "Distributor");
- managed by **AVA,** a broker company with a share capital of €100,000 whose registered office is located at 25 rue de Maubeuge 75009 Paris, registered with the Paris Trade and Companies Register under no. 322 869 637 and with ORIAS (French Register for Insurance Intermediaries) under no. 07 023 453 www.orias.fr (hereinafter the "Managing Broker");

The Managing Broker and the Insurer are subject to the supervision of the ACPR (Autorité de Contrôle Prudentiel et de Résolution – French Authority for Prudential Supervision and Resolution, 4 place de Budapest CS 92549 75436 Paris Cedex 09.

The Distributor does not receive remuneration. The Distributor does not offer a personalised referral service.

You are invited to check that you are not already the beneficiary of coverage for one of the risks falling within the scope of the new policy.

If this is the case, you have the right to renounce this policy for a period of fourteen calendar days from the date it is signed, without costs or penalties, if all the following conditions are met :
- you took out this policy for non-business purposes;
- this policy is in addition to the purchase of a good or service sold by the Distributor;
- you justify that you are already covered for one of the risks covered by this new policy; - the policy you wish to waive has not been fully performed;
- you have not reported any loss covered by this policy.

In this situation, you can exercise your right to renounce this policy by contacting the Managing Broker by mail: AVA - 25 rue de Maubeuge 75009 Paris or by e-mail: reclamation@ava.fr accompanied with a document justifying that you already benefit from

coverage for one of the risks that fall within the scope of the "AVA Incoming ASL" policy.

Your membership fee will be refunded within thirty days of your waiver. If you wish to renounce your membership but do not meet all of the above conditions, you may exercise your right to waiver under the conditions set out in Article 2.5 of the Information Notice

Coverage*:

Events covered:

- Medical expenses Abroad:
    - Consultations, X-rays, tests, hospitalization
    - Emergency dental care

- Assistance and Rapatriation:
    - Transportation of the Insured to the medical center
    - Repatriation of the Insured to his/her home
    - Repatriation of the body in case of death of the Insured

Main exclusions:

- Relapses of previously diagnosed illnesses with a risk of sudden and imminent aggravation, not consolidated.

- The consequences or relapse of a previously diagnosed accident and medical expenses incurred for the diagnosis or treatment of a physiological condition (pregnancy) already known before the effective date of coverage.

- When the insured practices a sport professionally, or practices or takes part in an amateur race requiring the use of a motorized land, air or watercraft.

- When the insured uses as a pilot or passenger a microlight, hang glider, paraglider or parachute.

Main restrictions:

- For assistance services and in the event of hospitalization: contact the Insurer exclusively prior to any intervention.

Coverage scope:

- In the event of hospitalization, the member will receive reimbursement from the 1st euro up to 90% of actual expenses up to €5,000 and 100% of actual expenses up to €30,000

- In case of outpatient medical expenses, the member will be reimbursed 75% of actual expenses, with no excess

- Physician, Pharmacy and laboratory analyses, the member will receive a maximum reimbursement of 750 € per quarter

- Emergency dental care, the member will receive a maximum reimbursement of €150 per quarter

- Emergency dental prosthesis, the member will receive a maximum reimbursement of 250 € per event

- In case of transporting the Insured to a medical facility, repatriation of the Insured to his/her home or repatriation of the Insured's body to his/her home country in the event of death, the Insured will be reimbursed at actual expenses.

** The full description of the "AVA Incoming ASL" insurance and its exclusions can be found in the attached information notice, which we kindly ask you to read carefully before making your decision whether or not to become a member.*

Term:

Takes effect at the earliest on the date of departure at zero hour and ceases upon the Insured's return home or at the latest 30 days after the date of departure.

Pricing:

The amount of the insurance premium is indicated on the Certificate of Membership. The insurance premium is paid by the member in full to the distributor at the same time as the reservation of the insured ticket.

The pricing includes €9 of service fees.

Waiver of Membership:

In accordance with Article L.112-2-1 of the French Insurance Code, you may waiver your membership, without having to justify your reasons or incur any penalty, within fourteen (14) calendar days following the date of receipt of your policy documents by logging into your client section on the Managing Broker's website.

Waiver letter template:
"I, the undersigned, Surname, First Name and Address, state that I hereby waive my membership to the "AVA Incoming ASL" Insurance.
Date and Place, Signature ".

The Managing Broker, on behalf of the Insurer, will then reimburse you for the insurance premium paid at the time of becoming a member.

However, if you request to benefit from the Coverage, during the waiver period, under the conditions set out in the Notice, you may no longer exercise your right to waiver, as this statement constitutes your agreement to the performance of the Policy.

Claims

In the event of difficulties relating to the management of their membership, fee or a Claim, the Member may send their claim to the Managing Broker's Claims Department, which can be contacted as follows:
- e-mail address: reclamation@ava.fr
- by mail: AVA - Service Réclamation (Claims Department) - 25 rue de Maubeuge 75009 Paris

The Managing Broker's Claims Department undertakes to acknowledge receipt of the claim within 10 working days following its date of receipt (even if the response to the claim is also made within this period) and, in any event, to provide a response to the claim within a maximum of 2 months following its date of receipt.

If the Managing Broker's Claims Department rejects or refuses to accept the claim in whole or in part, the Member may then contact the Insurer in writing (mentioning the references of the file in question and attaching a copy of any supporting documents):
- by email at aigeurope.luxcomplaints@aig.com
- by mail to: AIG Europe SA - Service Réclamation Niveau Direction (Claims Department) - 35D avenue John F. Kennedy, L-1855 Luxembourg

The Insurer will acknowledge receipt of the claim within 10 working days of the date of receipt and will specify the expected time for processing the claim.

The above-mentioned procedure does not apply if the dispute has been referred to a court, either by the Member or by the Insurer.

If the disagreement persists following the Insurer's response, the Member may request the opinion of the Mediator of the French Insurance Federation (F.F.A.), whose contact details are as follows: La Médiation de l'Assurance - TSA 50110 - 75441 Paris Cedex 09.

The provisions of this paragraph will be without prejudice to other legal action.

Applicable law

The language used throughout the membership is French. Only the French version is authentic and prevails over any translation of the document.

Pre-policy relations and the Notice are governed by French law. Any dispute arising from the performance or interpretation of the Notice will be subject to the jurisdiction of the French courts.

AVA INCOMING ASL

GENERAL TERMS AND CONDITIONS

No. 4.089.008-1

CONTENTS

1 - PURPOSE OF THE POLICY

AVA has taken out with the Insurer, AIG Europe Limited, travel insurance and assistance policy No. **4.089.008**

Within the limits and subject to the conditions set out elsewhere in the policy, this insurance policy covers AVA's customers during Trips they take abroad.

It provides the following covers and benefits:

- Medical expenses
- Assistance and Repatriation

It is agreed that these covers and benefits cannot be taken out separately.

Enrolment in this policy is for a firm and non-renewable term.

The corresponding premium is non-refundable.

Only these contractual terms and conditions and the information stated in the Insured's Application Form will apply in case of an insured event or dispute between the parties.

2 - SUMMARY OF COVERS

For information on the conditions under which the covers listed in this table apply, please refer to the sections that follow.

COVERS	AMOUNTS AND LIMITS
Medical expenses Abroad In case of hospitalisation (the assistance centre must be informed) Outpatient medical expenses Physician, pharmacy, laboratory analyses Emergency dental care Emergency dental prostheses	**European Union maximum € 30,000** Covered in full up to 90 % of expenses incurred, up to € 5,000 100 % of expenses incurred, up to € 30,000 75 % of expenses incurred reimbursed, **with no excess**. Maximum per quarter : € 750 Maximum per quarter: € 150 Maximum per event : € 250
Assistance and Repatriation Transporting the Insured to a medical facility Repatriation of the Insured to his/her home Repatriation of the Insured's body to his/her home country in the event of death	 Actual expenses Actual expenses Actual expenses

3 - COMMON DEFINITIONS

For the purposes of this policy, the following terms have the meanings given thereto below.

Policyholder
AVA, acting both on its own behalf and on behalf of its clients.

Insured
AVA's customers who reside outside the Schengen Area and not in Iran, Syria, North Korea, Crimean Region, Soudan and Cuba),, whose first and last names are listed on the application form, who have paid the corresponding premium, who are no more than 70 years old on the day they enrol in this policy, and who are temporary residents of the Schengen Area or European Union.

Insurer
AIG Europe SA.
A company Registered in Luxembourg under company number : RCS B 218806. Registered Office: 35 D Avenue J.F. Kennedy, L-1855, Luxembourg.
Registered branch office in France : Tour CB 21 - 16 Place de l'Iris, 92400 Courbevoie.
France Postal Address : Tour CB 21 - 16 Place de l'Iris, 92040 Paris La Défense Cedex France.
R.C.S Nanterre 752 862 540. Phone : +33 1.49.02.42.22 - Facsimile : +33 1.49.02.44.04.

Enrolments and Premiums Management Centre
AVA, appointed by the Insurer.

Claims Reporting and Handling Centre, except assistance and medical and hospitalisation expenses
AVA, appointed by the Insurer.

Assistance Company
AVA Assistance, appointed by the Insurer.

Spouse
The husband, wife or domestic partner of the Insured.

Relative
The Insured's spouse, and the father, mother, grandparents, children, grandchildren, sons-in-law, daughters-in-law, sisters and brothers of the Insured and/or of his/her Spouse.

Child
A legitimate, natural or adopted child of the Insured and/or of his/her Spouse.

Beneficiary
For all covers, the beneficiary is the Insured himself/herself, unless otherwise stated in the policy.

Application Form
A document duly completed and signed by the Insured which states his/her first and last names, address, travel dates, country of destination, cover period, the option chosen, if applicable, the date the document was prepared and the amount of the corresponding insurance premium.
In case of an Insured Event, the Insurer will only take into consideration enrolments for which the corresponding premium has been paid.

Cover Certificate
A document to be printed by the Insured or his/her representative, which states his/her first and last names, the starting and ending dates of the Trip, his/her identification number, and the telephone numbers of the assistance platforms.

Trip
A trip taken Abroad by the Insured, the dates and destination of which are shown on the Application Form.

Geographical scope
Mainland France, Corsica, the French overseas departments and territories (DOM-TOM), the Principalities of Andorra and Monaco, and the countries of the European Union and the Schengen Area, **to the exclusion of your home country.**

Home
The place where the Insured has his/her customary residence on the date of his/her enrolment. In the event of a dispute, the address of the Insured's tax residence will be considered to be his/her Home.

Abroad
A country other than the country where the Insured resides.

Accident
Any bodily injury caused unintentionally by the Insured due to the sudden and unforeseeable action of an external cause of which the Insured is the victim.

Illness
Any change in a person's health or any bodily injury certified by an authorised medical practitioner while the policy is in force.

Serious Accident
Any bodily injury caused unintentionally by the victim due to the sudden and unforeseeable action of an external cause, which is certified by an authorised medical practitioner and which prevents the victim from moving under his/her own power.

Serious Illness
Any sudden change in a person's health, which is certified by an authorised medical practitioner, which requires the person to cease all business or other activities, and which carries a guarded prognosis or long development period requiring intensive medical treatment, generally involving hospitalisation for tests and care

Pre-existing Accident or Illness
Any temporary or permanent harm to the Insured's physical integrity which is certified by an authorised medical practitioner prior to his/her enrolment for the trip.

Hospitalisation
The act of receiving care in a hospital, requiring a minimum stay of 24 consecutive hours. The term "hospital" means any hospital or clinic authorised to perform procedures or provide treatment to persons who are ill or have suffered accidents, and which has the local government authorisations allowing such practices, as well as the necessary staff.

Elective Surgery and Treatment
Elective Surgery and Treatment include, but are not limited to, surgery or treatments performed with respect to acne, allergies, including allergy tests, any periodic check-up or test and periodic contraceptive check-ups, aesthetic surgery of any type that is not performed as a consequence of an insured Accident, circumcision, corns on the feet or bunions, cosmetic treatments of any type that are not performed as a consequence of an insured Accident, operations and treatments of congenital malformations, health check-ups, fertility tests and infertility treatments (men and women), hormone treatments, incontinence, the treatment of warts, cysts, obesity treatments, pre-marital examinations, preventive treatments or vaccinations that are not the consequence of an insured event, insomnia treatments, tubal ligation, vasectomy, weight-loss treatments, all medical procedures or treatments that are for research or experimental purposes or that are not generally recognised as ordinary medical practices.

Reasonable Ordinary Expenses
Ordinary medical expenses deemed reasonable in the area where the Insured travels, i.e. the expenses and charges generally applied in the area or region for medical services the Insured may require for his/her treatment, compared to similar cases of the same severity or of the same type.
Accordingly, the Insurer will not cover any medical expenses that it deems to be unreasonable based on the foregoing.

Insured Event
The occurrence of an event covered by the policy. All claims concerning the same event shall constitute a single insured event.

Excess
An agreed sum specified in the policy for which the Insured will be liable if he/she is compensated for an Insured Event. The Excess may also be expressed in hours, days or as a percentage. In such case, the relevant cover will take effect upon the expiry of the specified period or above the specified percentage.

Quarter
A period of 90 consecutive days from the starting date of the trip specified in the Application Form and on the Insured's Assistance Card.

Maximum per Event
If the cover applies to more than one Insured who are the victims of the same event, the Insurer's cover will in all circumstances be limited to the maximum amount specified for that cover regardless of the number of victims. Therefore, the compensation will be reduced and paid in proportion to the number of victims.

Civil War
Armed confrontation between two or more parties from the same country, in which the combatants are of different ethnic groups, religions or ideologies. Civil War includes armed rebellions, revolutions, sedition, insurrections, coups d'état, the consequences of martial law and border closures ordered by a government or local authorities. The Insurer has the burden of proving that a claim is based on any of these civil war events.

Foreign War
Armed confrontation, whether or not declared, between two countries. Foreign War also includes invasions and sieges. If an accident occurs, the Insured will have the burden of proving that a claim was caused by an event other than a foreign war event.

4 - EFFECTIVE DATE AND TERM OF COVERS UNDER THE POLICY

The covers under the policy will take effect at the earliest at 00.00 (midnight) on the departure date specified in the Application Form, and will expire when the Insured returns to his/her Home or, at the latest, at 00.00 (midnight) on the return date specified in his/her Application Form.
The Insured will be covered 24 hours a day during the entire duration of his/her Trip, in accordance with the dates and countries.

In anycase, the guaranteed period could not exceed 30 days

5 - COVER FOR MEDICAL EXPENSES

PURPOSE OF THE COVER

The policy will reimburse medical expenses (medical care, hospitalisation expenses, the cost of drugs, professional fees, ambulance expenses) that the Insured incurs, up to the maximum amount state in the "Summary of Covers".
These expenses must be required to be incurred exclusively by a medical practitioner who holds the qualifications or licences required in the country where he/she practices and who is legally authorised to exercise his/her profession.
This cover is limited to the reimbursement of actual expenses incurred by the Insured.
In the case of Insureds who hold French nationality, who reside in the French overseas departments and territories (DOM-TOM) and who are traveling in mainland France, Corsica or the Principality of Monaco, the Insurer's cover will supplement reimbursements made by French Social Security or any other organisation that makes payments or reimbursements.

SPECIFIC MEASURES TO TAKE IN THE EVENT OF HOSPITALISATION

In the event the Insured suffers an Accident or Illness requiring his/her Hospitalisation, unless prevented by a force majeure event, the Insured (or his/her legal representative) must first contact the Assistance Company, which will provide him/her with the full contact details of the approved hospital closest to the Insured.
If, due to his/her condition, the Insured (or his/her legal representative) is unable to make such contact before his/her Hospitalisation, he/she must contact the Assistance Company as soon as he/she is able to do so.
If the hospital refuses to accept the direct payment of expenses by the Assistance Company, the Insured must advance these expenses and will be reimbursed up to the maximum per person and per claim stated in the "Summary of Covers".

FURTHER INFORMATION ON COVER LIMITS

- **Outpatient medical expenses :** 75 % of actual expenses, up to the limit per person and per claim stated in the "Summary of Covers" and not exceeding Reasonable Ordinary Expenses, less the excess per claim stated in the "Summary of Covers".

- **Hospitalisation medical expenses :** between 90% and 100 % of actual expenses, up to the limit per person and per claim stated in the “Summary of Covers” and not exceeding Reasonable Ordinary Expenses.
- **Emergency dental care :** 75 % of actual expenses, up to the maximum per person and per year stated in the “Summary of Covers”, and not exceeding Reasonable Ordinary Expenses, less the Excess per claim stated in the “Summary of Covers”, for expenses incurred for emergency dental services (that cannot be postponed as a consequence of the Insured’s pathological condition) provided for the following types of care: temporary fillings, permanent fillings, pulpectomy or extraction.
- **Dental prostheses required due to an accident :** 75 % of actual expenses, up to the maximum per person and per year stated in the “Summary of Covers”, less the Excess per claim stated in the “Summary of Covers”, if as a result of an insured accident you must undergo care requiring a dental prosthesis.

EXPIRY OF COVER FOR MEDICAL EXPENSES

The cover will expire at the end of the Insured’s trip, in accordance with the date stated on his/her Application Form and Assistance Card.

6 - ASSISTANCE AND REPATRIATION COVER

CONDITIONS OF SERVICE

For all services, the Insured or his/her representative must first contact the Assistance Company. The Assistance Company’s contact details are provided in the section entitled “PROCEDURE IN CASE OF AN INSURED EVENT” and on the Assistance Card.
Regardless of circumstances, only the Assistance Company’s medical practitioners will be authorised to decide on repatriation, the means of transport to be used and the place of hospitalisation, and will, if necessary, contact the local treating physician and/or the Insured's family physician.
Reservations will be made by the Assistance Company, which shall be entitled to request that the Insured surrender any unused travel tickets. The Assistance Company is required to pay only the expenses in addition to those the Insured should have ordinarily paid for his/her return.

TYPES OF SERVICES AND COVERS

Transporting the Insured to a medical facility

The Assistance Company will arrange and pay for the Insured to be transported to the most appropriate or best equipped hospital.
Depending on the severity of the situation and the circumstances, the Insured will be transported in the first-class section of a train in a seat, couchette or sleeping car, by ambulance or other emergency vehicle, by airplane on a scheduled flight, either seated or on a stretcher, or by private air ambulance.

Repatriation of the Insured to his/her Home

The Assistance Company will repatriate the Insured to his/her Home when he/she is able to leave the hospital. The repatriation and the most appropriate means of repatriation will be decided and chosen by the Assistance Company under the above conditions.

Repatriation of the Insured's body in the event of death

In the event of the Insured's death during the Trip, the Assistance Company will pay and arrange for the Insured's body to be transported to his/her Home.

This policy does not cover the expenses of burial, embalming, coffins and funerals, unless they are required by local law.

7 - POLICY EXCLUSIONS

EXCLUSIONS COMMON TO ALL COVERS

The following are excluded from all covers under the policy :

- **Any trip (or travel*) to, in or through the following countries: Iran, North Korea, Syria, Cuba, Crimea and Sudan.**
- **Any Insured or Beneficiary who is listed in any official, governmental or police database of persons known or presumed to be terrorists, and any Insured or Beneficiary who is a member of a terrorist organisation, a drug trafficker or who is involved as a supplier in the illegal trade in nuclear, chemical or biological weapons.**
- **Accidents intentionally caused or brought about by the Insured or the policy beneficiary.**
- **The consequences of the Insured's suicide or attempted suicide.**
- **The ingestion of illegal drugs, narcotics, similar substances, and medication that has not been prescribed by an authorised medical practitioner, and the consequences thereof.**
- **The consequences of the Insured's inebriation, manifested by the presence in the Insured's blood of a level of pure alcohol equal to or higher than that allowable under French road traffic laws.**
- **Nervous disorders or mental illnesses, unless otherwise provided in this policy.**

Accidents that occur under the following circumstances are also excluded:

- **If the Insured practices a sport professionally, or engages or takes part in an amateur race requiring the use of a motorised land, air or water vehicle.**
- **If the Insured uses a ULM, hang-glider, sail-wing, parachute or para-glider as a pilot or passenger.**
- **If the Insured is involved in a fight (other than for purposes of self-defence), crime or bet of any kind.**

EXCLUSIONS SPECIFIC TO THE COVERS FOR MEDICAL EXPENSES AND ASSISTANCE AND REPATRIATIO

In addition to the common exclusions, the policy does not cover the following:

- **Benign infections or lesions that can be treated locally (for the Assistance cover, repatriation only).**
- **Recurrences of pre-existing illnesses with a risk of non-stabilised, sudden deterioration in the near future.**
- **The expenses of burial, embalming and funerals, unless they are required by local law.**
- **Expenses incurred by the Insured without the Assistance Company's prior agreement.**
- **The costs of meals, hotels, road travel, tolls, fuel, taxis or customs duties, except those covered under the policy.**
- **Acts that may be subject to criminal penalties under the laws of the country in which the Insured is located.**
- **Medical expenses incurred in the Insured's home country, except in the cases specified under the cover.**
- **The consequences or recurrence of a pre-existing accident or illness and the medical expenses incurred to diagnose or treat a physiological condition (pregnancy) that was already known before the effective date of the cover.**
- **Pregnancy, maternity-related expenses, elective abortions and the consequences thereof, except in cases of recognised medical necessity or as the result of an insured Accident or Illness, infertility treatments.**
- **Medical expenses in connection with cases of dorsalgia, lumbar pain, lumbago-sciatica, herniated disc, parietal, intervertebral, crural, scrotal, or inguinal hernias, hernias through the linea alba and umbilical hernias.**
- **Thermal cures, physiotherapy, the cost of eye-glasses, contact lenses, prostheses of any kind, routine examinations and tests or health check-ups, preventative tests or treatment, check-up examinations and tests other than due to an insured accident or illness.**
- **The expenses of organ transplants not required due to an insured Accident or Illness.**
- **The cost of aesthetic or reconstructive Elective Surgery and Treatment as defined in this policy.**
- **The cost of vaccinations, acupuncture sessions, physiotherapy or chiropractic or osteopathic treatment that are not the consequence of an insured Accident or Illness.**
- **Expenses and treatments not prescribed by an authorised medical practitioner.**
- **Means of contraception.**

8 - PROCEDURE IN CASE OF AN INSURED EVENT

A REPORTING A CLAIM

1 FOR ASSISTANCE SERVICES AND DIRECT PAYMENT OF HOSPITALISATION EXPENSES

Before receiving any services, the Insured must first contact the Assistance Company exclusively.
He/she must provide the number of this insurance policy and the Insured's identification number, which is shown on the Assistance Card.

- After verifying this information, the Assistance Company will issue a payment number.
- The Assistance Company will pay the relevant costs directly to the hospital.

Assistance Company's contact details: (also shown on the Assistance Card)

For assistance services and payment of hospitalisation medical expenses only:

AVA ASSISTANCE
Telephone: 01.49.02.42.11 from France
33.1.49.02.42.11 from anywhere else in the world Fax:
01.55.92.40.69 from France 33.1.55.92.40.69 from
Abroad

2 - FOR ALL OTHER COVERS UNDER THE POLICY

To be compensated quickly, the Insured or his/her legal representative must, on pain of forfeiture, report any claim that may be covered under the policy in a letter sent recorded delivery upon becoming aware thereof, and no later than 15 business days thereafter.

ALL CLAIMS MUST BE SENT TO THE CLAIMS OFFICE AT THE FOLLOWING ADDRESS:

AVA Assurance Voyages
25 rue de Maubeuge
75009 Paris, France

Telephone: From France: 01.53.20.44.23 From abroad: 33.1.53.20.44.23
Fax: From France: 01.42.85.33.69
From abroad: 33.1.42.85.33.69

Claims that are not reported or are reported late will not be covered if the Insurer proves that it was prejudiced by such delay, unless the Insured proves that it was impossible to report the claim within the allotted time period due to an unforeseeable or force majeure event (Article L 113-2 of the French Insurance Code (*Code des assurances*)).

B - DOCUMENTS REQUIRED TO SETTLE CLAIMS

IN ALL CASES THE INSURER WILL REQUIRE THE FOLLOWING INFORMATION TO OPEN A CLAIM FILE:

The Insured's identification number and the policy number (shown on the Assistance Card)
A copy of the Application Form for this policy
(For faster and more efficient processing, detach, complete and attach the "claim report form" to the claim report.)

In addition, depending on the circumstances, the Insurer may also need the following documents: FOR THE

OUTPATIENT MEDICAL EXPENSES COVER:

- The original receipts.
- Medical File completed by the Doctor

C - COMPENSATION FOR AN INSURED EVENT

No payment will be made until a complete file has been submitted together with all documents requested by the Claims Office.
After the parties reach agreement, compensation will be payable, without interest, within 15 days from the date on which such compensation is agreed.
If an examination by experts is necessary to settle the claim and the Insured or his/her legal representative refuses to undergo such examination without a valid reason, and if, after having been given 48 hours prior notice by letter sent recorded delivery, he/she continues to refuse, the Insurer will be obliged to refuse all rights to compensation for the relevant Insured Event.

Deterioration of the Insured's condition unrelated to the accident or pathology
Whenever the aftereffects of an accident or illness deteriorate as a result of empirical treatment or the Insured's negligence or refusal to seek the medical treatment required by his/her condition, compensation will be calculated not on the basis of the actual aftereffects of the case, but on the basis of what they would have been for a person in normal health who sought rational and appropriate medical treatment.

Expert assessment
The loss sustained will be determined by mutual agreement or, failing that, by an out-of-court expert assessment, subject to the respective rights of the parties. Each party shall choose an expert. If the two experts appointed by the parties cannot reach agreement, they will appoint a third expert. The three experts will decide by mutual agreement and by a majority of votes. If one of the parties fails to appoint an expert or if the two experts fail to agree on the choice of the third expert, a third expert will be appointed by the Commercial Court in whose territorial jurisdiction the insured event occurred. A third expert will be appointed further to a petition filed by either party at least 15 days after formal notice to perform has been given to the other party by letter sent recorded delivery.
Each party will pay the fees and expenses of its expert and, if applicable, half of the fees of the third expert and the costs of his/her appointment.

Subrogation or remedy against those liable for the insured event
For the Medical Expenses cover, where compensation has been paid, the Insurer will be subrogated to all the Insured's rights and remedies against any person liable for the damage up to the amount of such compensation. These provisions do not apply to the Insured's children, descendants, ascendants or agents, or to any person who ordinarily lives with the Insured, except in the event of malicious damage.

10 - MISCELLANEOUS

STATEMENT OF RISK
Accordance with the law, this agreement is based statements of the Insured. It must therefore answer the questions posed by the Insurer through the Application form, which are likely to make him appreciate the risks he takes over (Art. L 113-2 of the Insurance Code) .

Penalties in the event of a false declaration
Any inaccuracy, omission, failure to declare or deliberate false declaration by the Insured relating to the information that

constitutes the risk when taking out the policy or whilst it is in force will be punishable, even if it had no impact on the Claim, by a reduction in compensation or by rendering the policy null and void (Articles L.113-8 and L.113-9 of the French Insurance Code [*Code des assurances*]).

Similarly, any omission, withholding of information or false declaration, whether or not it is deliberate, in the Claim report will render the Insured liable to forfeiture of cover or cancellation of the policy.

Multiple insurance policies

Under no circumstances may the Insured be covered more than once under this policy for the same trip. If that were the case, the Insurer's commitment would be limited to a single subscription in any event.

Address for service

The Insurer and its representatives choose the Company's domicile at its registered address in France:
Tour CB21-16 Place de l'Iris, 92400 Courbevoie

Period of limitation

In accordance with the provisions of Articles L114-1 of the Insurance Code, all actions arising from a contract of insurance are time-barred 2 years after the date of the event giving rise to the action.
However, this period will only start to run:
1 In the case of concealment, omission, false or inaccurate provision of information in respect of the risk to be covered: from the date the Insurer becomes aware of the event;
2 In the case of an event giving rise to a claim: only from the day on which the interested parties become aware of it, if they prove that they have ignored it until then.
When the action of the Insured against the Insurer results from a claim by a third party, the statutory limitation period shall only start to run from the day upon which that party has taken legal action through the courts against the Insured or has been compensated by the latter.
The statutory limitation period is extended to ten years in contracts of insurance against accidents to the persons where the Beneficiaries are the legal heirs of the deceased Insured.
The statutory limitation period is interrupted by one of ordinary causes of limitation period interruption, namely by:

- any court summons, including interim proceedings, any court order to pay or seizure, served on the person seeking to invoke the statutory limitation periods in an attempt to prevent him from so doing;
- any unequivocal recognition by the Insurer of the Insured's right to receive insurance benefits,
- or any recognition of debt by the Insured in favour of the Insurer;
- as well as in the other following cases provided for under article L114-2 of the Insurance Code:

any designation of an expert following an event giving rise to a claim;

- the sending of a registered letter with acknowledgment of receipt by:

- the Insurer to the Insured for non-payment of premium;
- the Insured to the Insurer for payment of the insurance benefit.

As an exception to article 2254 of the Civil Code, the parties to an insurance contract may not, even by mutual agreement, either change the duration of the statutory limitation periods, nor add to the grounds for suspension or interruption of the same.

Data protection (French Act no. 7817 of 6.1.78)

Personal data collected by the Insurer will be used for the purpose of underwriting as well as policy and claims handling. For the same purpose such information may be communicated to our agents, service providers which may be situated outside the EU. To ensure safety and adequate protection of the data, such transfers have been authorised by the CNIL and protection is mainly obtained through the standard contractual clauses of the European Commission. Moreover for assistance services, in order to provides such services and control their quality, telephone conversation between the Insured and the assistance company may be recorded. The personal data which will be collected during such calls are necessary for the assistance services to be provided. Those information are exclusively for the internal use of the assistance company and of the persons involved in the claim handling within their respective roles.

Pursuant to law n°78-17 dated 6th January 1978, as modified, data subjects can exercised their rights of access, modification and objections by contacting us at AIG, Service Clients, Tour CB21 92040 La Défense Cedex and providing us with their file reference together with a copy of their identity card . They can also object, by letter sent at the above address, to their personal data being used for marketing purposes. To learn more about the Insurer's Privacy Policy please go to www.aig.com/fr-protection-des-données-personnelles

Claims assessment/ Mediation

POLICE 4.089.008 PROCEDURE DE RECLAMATION

En cas d'insatisfaction relative à la conclusion ou à l'exécution du contrat, le Souscripteur, l'Assuré ou le Bénéficiaire doit adresser sa réclamation au Service Réclamations d'AVA à l'adresse suivante :

25 RUE DE MAUBEUGE 75009 PARIS
ou par email : reclamation@ava.fr

La demande devra indiquer le n° du contrat et préciser son objet.
Le Service Réclamations d'AVA s'engage à accuser réception dans les 5 (cinq) jours et à apporter une réponse au plus tard dans les 30 (trente) jours suivant la date de réception de cette première réclamation (sauf circonstances particulières dont l'Assuré, le Souscripteur ou le Bénéficiaire] sera alors tenu informé

POLICE 4.089.008 PROCEDURE D'ESCALADE

En cas de rejet ou de refus de faire droit en tout ou en partie à la réclamation par Service Réclamations d'AVA, le Souscripteur, l'Assuré ou le Bénéficiaire peut élever sa réclamation au niveau de la succursale française de AIG en écrivant par email à reclamationaig@ava.fr

La succursale française de AIG s'engage à accuser réception dans les 5 (cinq) jours ouvrables et à apporter une réponse au plus tard dans les 30 (trente) jours suivant la date de réception de la réclamation par la succursale française de AIG (sauf circonstances particulières dont le Souscripteur, l'Assuré ou le Bénéficiaire sera alors tenu informé).

Lorsque le réclamant est une personne physique agissant à des fins non professionnelles et que le désaccord persiste après la réponse apportée par la succursale française de AIG, le réclamant peut saisir le Médiateur de l'Assurance français par courrier à l'adresse suivante : La Médiation de l'Assurance, TSA 50110, 75441 Paris Cedex 09, ou en remplissant le formulaire en ligne disponible sur le site www.mediation-assurance.org.

AIG Europe SA étant une compagnie d'assurance luxembourgeoise, la personne physique concernée peut également, si le désaccord persiste après la réponse apportée par la succursale française de AIG ou en l'absence de réponse passé un délai de 90 jours :

1. élever la réclamation au niveau du siège social de AIG, soit par courrier en écrivant à AIG Europe SA « Service Réclamation Niveau Direction », 35D avenue John F. Kennedy, L-1855 Luxembourg, soit par email en écrivant à l'adresse suivante : aigeurope.luxcomplaints@aig.com ;
2. saisir l'un des organismes de médiation Luxembourgeois dont les coordonnées figurent sur le site internet du siège de AIG à l'adresse suivante http://aig.lu ; ou
3. présenter un recours extra judiciaire devant le Commissariat Aux Assurances luxembourgeois (CAA), soit par voie postale à l'adresse du CAA, 7 boulevard Joseph II, L-1840 Luxembourg, soit par télécopie adressée au CAA au +352 22 69 10, soit par email en écrivant à reclamation@caa.lu, soit en ligne sur le site internet du CAA http://www.caa.lu.

Aucun des recours amiables visés ci-dessus ne saurait porter préjudice au droit de la personne concernée à intenter une action en justice.

La politique de AIG en matière de satisfaction client est disponible sur son site à l'adresse suivante : http://www.aig.com

Si le contrat a été souscrit par internet, la personne concernée a également la possibilité d'utiliser la plateforme de Résolution des Litiges en Ligne (RLL) de la Commission Européenne à l'adresse suivant : http://ec.europa.eu/consumers/odr/

Supervisory body

AIG is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (FRN number 202628). The sale and marketing of insurance policies in France is subject to applicable French regulation, which is supervised by the Autorité de Contrôle Prudentiel et de Résolution.

Governing law and jurisdiction

This policy and pre-contractual relationships will be governed by French law and the parties agree to abide by it.
Any dispute arising from the performance, failure to perform or interpretation of this policy will be referred to the French Courts