

ARAG Travelers



**Insurance
and Services**

ARAG Travellers

ARAG Travel Assistance



ARAG - Summary of Policy Limits

Cover		Prestige		Essential
Territorial limits		European Union, Gibraltar & Morocco		Spain Only
Section	Personal Guarantees	Spain	E.U	Spain only
5.1	Medical and Health Assistance	600	3600	600
5.2	Medical Transfer or repatriation of injured or ill persons	600	3600	600
5.3	Repatriation of companions	600	3600	600
5.4	Repatriation of minors or disabled persons	600	3600	600
5.5	Visit by a family member or companion in case of hospitalisation	Unlimited	72 € /day max 10 days	NOT COVERED
5.6	Convalescence at a hotel	72 € /day max 10 days	72 € /day max 10 days	NOT COVERED
5.7	Repatriation or transportation of the insured in case of death	600	600	NOT COVERED
5.8	Curtailment	600	3600	600
Section	Guarantees with regard to vehicle and its occupants	Spain	E.U	Spain only
6.1	Urgent repair in the case of breakdown or accident	60	60	60
6.2	Rescue	600	600	600
6.3(a)	Towing the vehicle and transferring the Insured parties	100kms	100kms	100kms
6.3(b)	Safekeeping or custody of vehicle	120	120	120
6.4	Costs of transporting the Insured to recover the broken vehicle, or of sending a driver	Unlimited	Unlimited	NOT COVERED
6.5	Dispatch of replacement parts	up to a limit of 25 kg., including packaging	up to a limit of 25 kg., including packaging	NOT COVERED
6.6	Dispatch of a professional driver	Unlimited	Unlimited	NOT COVERED
6.7	Repatriation or transport of the broken or stolen vehicle (refer to page 6, terms and conditions may apply)	Unlimited	Unlimited	Unlimited
6.8	Cover for the Insured parties if the vehicle is immobilised because of accident or breakdown, or if the vehicle is stolen.	72 € /day max 144 € (per passenger & driver)	72 € /day max 144 € (per passenger & driver)	NOT COVERED
6.9	Loss of Keys	80kms	80kms	NOT COVERED

General Conditions

1. Aim

With this Travel Assistance insurance contract, while travelling for any reason within the territorial limit covered, the Insured shall be entitled to the various assistance services that comprise the traveller's protection system and include medical and health services, different coverage for people, as well as other services with regard to the insured vehicle.

2. The Insured

The Insured is defined as the individual holder of the policy and resident in Spain or Gibraltar, his or her spouse or person with whom he or she lives, including the direct ascendants and descendents who live with him or her, integrated in a family economic unit, even if travelling separately.

In the event of traffic accident, the authorised driver of the insured vehicle and the occupants who are being transported free of charge will also be Insured parties in accordance with the limits and conditions indicated in article 3, provided that they are not hitchhikers.

3. Insured's home address and vehicle identification

For the purposes of coverage, the "Insured's

home address" is considered to be the home address of the Policyholder, even in the event of a traffic accident, when the guarantees affect the authorised driver of the insured vehicle and the occupants who are being transported for free.

To the same effects, "insured vehicle" is defined as that identified in the Ibox Policy Schedule by its license plate number.

4. Scope of cover

The guarantees described in this Policy are valid for events that occur in Spain or abroad in accordance with the specifications in the Specific Conditions.

Andorra and Gibraltar shall be understood as included together with the national territory.

When a contract is taken out for Spain and abroad, coverage for vehicles will be understood to include Spain, Gibraltar, Europe, and countries bordering the Mediterranean, including Morocco, and coverage for people, to include the whole world.

The guarantee of assistance for the medical and health services detailed in Article 5.1. will be applied in the events of illnesses or injuries that befall the Insured when he or she is over 100 (one hundred) km from his or her home or on another island, in the case of the Balearic and the Canary Islands, even if the distance is less than that indicated.

When injuries are the result of a traffic accident involving the insured vehicle, the guarantee mentioned in the above paragraph is valid if the accident has occurred outside the municipal territory of the Insured's home address.

The other provisions regarding people shall take effect when the Insured is more than 30 (thirty) km, or 15 (fifteen) km in the Balearic and Canary Islands, from his or her home address.

The same limits of 30 and 15 km will be applied to the provisions for the vehicle, except for the services of towing, rescue and recovery, which will be effective from kilometre zero, and urgent roadside repair which is guaranteed outside the municipal territory of the Insured's home address.

The coverage of the insured provisions is operative in periods spent away from the home address that do not exceed 60 days for each journey or trip.

5. Cover for persons / Personal Guarantees

In the event of injury or illness that prevents the Insured from continuing his or her trip, the Insurer, as soon as it is notified in accordance with the procedure indicated in the final clause, guarantees it will provide the following services:

5.1. Medical and health assistance

The Insurer will organise the intervention of the health professionals and establishments required to assist to the injured or ill Insured.

The following services are expressly included, although this list is not exhaustive:

- a)** Attention by emergency medical teams and by specialists.
- b)** Complementary medical examinations.
- c)** Hospitalisation, treatment and surgical operations.
- d)** The supply of medical drugs when hospitalised or the reimbursement for the same when the injuries or illness do not require hospitalisation.
- e)** The treatment of acute dental problems or, in other words, those caused by / resulting from infection, pain or trauma, require immediate attention.

The Insurer assumes the payment of the expenses relating to these benefits subject to a limit per Insured person of 3,600 euros, or the equivalent in local foreign currency when they occur abroad, or of 600 euros when occurring in Spain. (Please refer to the Summary on Page 1 for limits of cover)

Dental treatment is limited, in all cases, to 30 euros or the equivalent in local foreign currency.

5.2 Medical transfer or repatriation of injured or ill persons

In the event of accident or illness affecting the Insured, the Insurer shall assume payment of:

- a)** Expenses for transfer by ambulance to the nearest hospital or clinic.
- b)** Supervision by its Medical Team, in liaison with the physician treating the injured or ill Insured, to determine suitable measures concerning the best treatment to be followed and the most suitable means for eventual transfer to another, more appropriate hospital or to the Insured's home address.
- c)** Expenses for transfer of the injured or ill person by the most suitable means of transportation to the prescribed hospital or to his or her home.

The means of transportation used in each case shall be decided by the Insurer's Medical Team on the basis of the urgency and seriousness of the case. In Europe and countries bordering the Mediterranean, a specially outfitted medical aircraft may also be used.

If the Insured Person is admitted to a hospital that is not close to his or her home address, the Insurer shall be responsible for subsequent transfer to the home address as appropriate.

The Insurer assumes the payment of the expenses relating to these benefits subject to a limit per Insured person of 3,600 euro, or the equivalent in local foreign currency when they

occur abroad, or (of) 600 euro when occurring in Spain. (Please refer to the Summary on Page 1 for limits of cover)

Dental treatment is limited, in all cases, to 30 euro or the equivalent in local foreign currency

5.3 Repatriation or transportation of the remaining Insured parties

When in applying the above guarantee one of the Insured parties has been repatriated or relocated because of illness or accident and this prevents the rest of the Insured parties from continuing their journey with the means initially foreseen, the Insurer shall pay for them to be taken home or to the place of hospitalisation.

The Insurer assumes the payment of the expenses relating to these benefits subject to a limit per Insured person of 3,600 euro, or the equivalent in local foreign currency when they occur abroad, or (of) 600 euro when occurring in Spain.

Dental treatment is limited, in all cases, to 30 euro or the equivalent in local foreign currency.

(Please refer to the Summary on Page 1 for limits of cover)

5.4 Repatriation or transportation of minors

If, in applying guarantee 5.2, the repatriated or relocated Insured is travelling alone with

children under fifteen years of age, the Insurer shall organise and pay for the return travel of a stewardess or a person assigned by the Insured in order to accompany the children on their return home.

The Insurer assumes the payment of the expenses relating to these benefits subject to a limit per Insured person of 3,600 euro, or the equivalent in local foreign currency when they occur abroad, or of 600 euro when occurring in Spain. (Please refer to the Summary on Page 1 for limits of cover)

Dental treatment is limited, in all cases, to 30 euro or the equivalent in local foreign currency.

5.5. Visit by a family member in the case of hospitalisation

If the status of the ill or injured Insured requires his or her hospitalisation for a period of over ten days, the Insurer shall provide a member of the Insured's family or the person assigned by him or her, with a return air ticket (tourist class) or a return rail ticket (1st class) so that this person may be with him or her.

If the hospitalisation occurs abroad, the Insurer shall also pay for the sustenance costs of the companion, against presentation of the relevant invoices, of up to 72 euros per day for a maximum period of 10 days.

(Please refer to the Summary on Page 1 for limits of cover)

5.6. Convalescence at a hotel

If the ill or injured Insured is advised by medical staff not to return home, the Insurer shall assume the hotel expenses resulting from his or her extended stay of up to a maximum of 72 euros per day for a maximum period of 10 days.

(Please refer to the Summary on Page 1 for limits of cover)

5.7. Repatriation or transportation of the deceased Insured

In the event of the death of an Insured, the Insurer will arrange for the transfer of the body to the place of burial in Spain and will assume the costs thereof. These expenses shall include post mortem preparation in accordance with legal requirements.

Burial expenses and fees for religious ceremonies are not included.

The Insurer shall arrange and pay for the cost of the return home of the remaining Insured parties when they are unable to return using the means initially planned.

(Please refer to the Summary on Page 1 for limits of cover)

5.8. Curtailment

If any of the Insured persons must interrupt his or her trip due to the death of his or her spouse, direct ascendant or descendant or sibling, the Insurer shall provide him or her with

an air (tourist class) or rail (first class) ticket from where he or she is located to the place of burial in Spain and a return ticket to the place he or she is located.

Alternatively, the Insured, at his or her choice, may opt for two air tickets (tourist class) or rail tickets (first class) for travel to his or her home.

(Please refer to the Summary on Page 1 for limits of cover)

6. Your Vehicle and its Occupants

All provisions in this article refer to the insured vehicle and will be arranged by the Insurer through its own directly contracted services.

6.1 Urgent roadside repair

Whenever the roadside repair of the breakdown that prevents the insured vehicle from continuing its journey by its own means is possible, the Insurer will assume the cost of travel and labour necessary to perform this emergency repair, of up to a maximum amount of 60 euros.

Expenses arising from the cost of any parts that must be replaced are expressly excluded from this cover.

(Please refer to the Summary on Page 1 for limits of cover)

6.2 Rescue

The Insurer shall be responsible for the service

to rescue or recover the insured vehicle that, while using the public highway, is rendered immobile and unable to move under its own power because it has overturned or tipped over, until it has been moved to an appropriate place for driving or towing, of up to a maximum limit of 600 euros.

(Please refer to the Summary on Page 1 for limits of cover)

6.3 Towing the vehicle and transferring the Insured parties

In the event that the insured vehicle cannot be repaired in the place where the breakdown or the accident has occurred, the Insurer will assume the costs of towing and will provide the Insured parties with an appropriate means of transport to the repair workshop to which the vehicle has been towed.

a) The Insurer will assume the cost, in accordance with the option chosen by the Insured, of towing the vehicle to the repair workshop nearest to the place of immobilisation of the vehicle, or to the closest official service of the vehicle brand, or to the repair workshop assigned by the Insured. In all three events, said repair workshop must be within a maximum distance of 100 km from the place where the vehicle has become immobilised.

b) The Insurer will assume the costs of safekeeping or custody that may have arisen because of the intervention of the Insurer with

regard to the vehicle transported, of up to a maximum of 120 euros.

For the purposes of this guarantee, puncture(s) or lack of air in the tyres, flat battery and a lack of fuel will also be considered as a breakdown.

Expenses arising from the cost of parts that might have to be replaced, and lubricant, fuel and ingredients used, are expressly excluded from this cover.

(Please refer to the Summary on Page 1 for limits of cover)

6.4 Costs of transporting the Insured to recover the broken vehicle, or (of) sending a driver

Upon repair or recovery of the vehicle at the place where the breakdown, accident or robbery has taken place, the Insurer will assume the costs of transport necessary for the Insured to collect his or her vehicle, or alternatively, if the latter is unable to do so, the costs of sending a driver.

(Please refer to the Summary on Page 1 for limits of cover)

6.5 Dispatch of spare parts

If because of accident or breakdown of the insured vehicle, the repair thereof should require spare parts and these cannot be obtained in the area where the incident has occurred, the Insurer will arrange the respective dispatch and pay for the costs of transport.

The Insured, upon completion of his or her trip, must reimburse the Insurer for the advance payments that may have been required for the acquisition of parts or payment of customs duties.

This Insurer is not obliged to provide this cover if the parts requested cannot be located in Spain or are not manufactured.

(Please refer to the Summary on Page 1 for limits of cover)

6.6 Sending a professional driver

The Insurer will send a professional driver to move the vehicle and its occupants to the Insured's home address or chosen place of destination, provided that the days to be used are the same, if because of serious illness, accident or death, the Insured has been transferred to a hospital or similar centre, and no other occupant can replace him or her as driver of the vehicle.

(Please refer to the Summary on Page 1 for limits of cover)

6.7 Repatriation or transport of the broken or stolen vehicle

The Insurer will take charge of the insured vehicle to the place of habitual residence of the Policyholder, if because of accident, breakdown or robbery said vehicle cannot be repaired within a period of 72 hours.

If the market value is lower than the amount necessary for its repair or transport, the

Insurer will assume only the costs of its legal abandonment.

(Please refer to the Summary on Page 1 for limits of cover)

6.8 Cover for the Insured parties if the vehicle is immobilised because of accident or breakdown, or if the vehicle is stolen.

a) Hotel costs

When the vehicle immobilised by accident or breakdown cannot be repaired on the same day and the foreseeable repair will take more than 2 hours, according to the manufacturer's scale, the Insurer will assume the evidenced costs of staying in a hotel, while waiting for the repair, of up to 72 euros per Insured party and day and up to a maximum of 144 euros per Insured.

b) Transfer or repatriation of the Insured persons

When the immobilised vehicle cannot be repaired in the 72 hours following the accident or breakdown, the Insurer will assume the transfer or repatriation of the Insured persons to their home address or to the place of destination, provided that in the latter event the expenses are not higher than the cost of returning to their home address.

Identical cover shall be provided if the insured vehicle is stolen when it is not recovered

within five days from the filing of the report with the competent authorities in the country where it occurs.

Section b) Transfer or repatriation of the Insured persons shall only apply if use has not been made of section a) Hotel Costs.

(Please refer to the Summary on Page 1 for limits of cover)

6.9 Loss of keys of the insured vehicle.

If, during a trip, the keys of the insured vehicle should be lost or stolen, the Insurer will organise the towing service to the nearest official dealer.

(Please refer to the Summary on Page 1 for limits of cover)

7. Scope of cover. Exclusions

Without detriment to the exclusions established in the General Conditions, the guarantees awarded do not cover:

1. Exclusion of a general nature The Insurer shall assume no obligation whatsoever with regard to services for which it has not given its prior agreement, except in cases of duly evidenced force majeure or duly evidenced material impossibility.

2. Exclusions applicable to Personal Guarantees / Cover for persons:

a) Pre-existing conditions or illnesses or chronic ailments experienced before the beginning of the journey, and any complications or relapses thereof.

b) Illnesses or pathologies caused by the deliberate ingestion or administration of alcohol, toxic substances, drugs, narcotics or by the use of unprescribed medical drugs.

c) Death by suicide and injuries or illnesses resulting from attempted suicide or deliberately self-inflicted by the Insured and those deriving from criminal acts by the Insured.

d) Beauty treatments and the supply or replacement of hearing aids, lenses, spectacles, orthoses or prostheses in general, as well as any expenses incurred in childbirth or pregnancy, except for unforeseeable complications during the first six months, and any type of mental illness.

e) Injuries or illnesses resulting from the participation of the Insured in wagers, competitions or sporting events, skiing or any other type of winter sport or so-called adventure sports, and the rescue of persons at sea, in the mountains or in deserts.

f) Any type of medical or pharmaceutical expense of less than 9 euros.

3. Exclusions in the cover for the vehicle

a) Costs of hotel and restaurant, taxis, petrol, personal effects or accessories incorporated in the vehicle.

b) Vehicle repairs other than those provided for in article 6.1.

c) Losses on account of theft of luggage and equipment.

8. Declaration of a claim event

Upon the occurrence of a claim event that may give rise to the enactment of this policy, the Insured must notify the emergency telephone service established by the Insurer, giving the name of the Insured, the policy number, the location and telephone number of the Insured and the nature of the assistance needed, all of which is done by reverse charge call.

If the communication takes place in countries without a reverse charge facility, the Insured will be reimbursed for the cost of the calls upon his or her return, and upon presentation of the receipts.

9. Subrogation

The Insurer remains subrogated in the rights and actions which may correspond to the Insured for acts that have required its intervention and up to the total cost of the services provided or subscribed.

In particular, this right may be exercised by the Insurer against passenger transport companies concerning the refund of that part of a ticket that has not been used or enjoyed by the Insured when making use of the services covered.

10. Additional provisions

a) To facilitate the urgent provision of services, the Insurer shall issue the Insured with documentation proving his or her entitlement, along with instructions and emergency telephone numbers.

b) The Insurer shall not be liable for delays or non-fulfilment caused by instances of force majeure or the particular administrative or political characteristics of a given country. In all events, if the Insured requests assistance from the Insurer and the latter is unable to intervene directly itself, it shall refund the Insured upon his or her return to Spain for the expenses covered that he or she has incurred as a result or, if applicable, when he or she is located in a country in which there are no such characteristics, upon presentation of the relevant proofs.

c) The doctor attending the Insured must obtain authorisation from the Insurer's Medical Team prior to the provision of any services of a medical nature or organising medical transport.

d) The compensation indicated in the cover shall in all events be additional to any contracts in place covering those risks, Social Security benefits or the benefits of any other group scheme.

e) With regard to the travel expenses of the Insured persons, the Insurer shall only take responsibility for additional expenses arising from the claim event insofar as they exceed those initially anticipated by the Insured persons.

f) The Insurer is not liable in any event for repairs carried out, delays or non-fulfilment in the completion of such repairs.

g) To render the cover effective in the event of theft of the vehicle, proof must be provided that a report was filed with the relevant authorities.

Complaints Procedures

Article 1. Purpose and scope of application.

The present Client Defence Regulation regulates the activity of the Customer Service Department of the company ARAG, and has been approved by its Chief Executive Officer.

Article 2. Appointing of the Customer Service Department director.

2.1.- Designation and removal.

Designation and removal of the Customer Service Department director shall be decided on by the Chief Executive Officer.

2.2.- Term.

The term of office shall be for an indefinite period.

2.3.- Cases of non-election and incompatibility.

No person performing functions simultaneously in the sales, marketing, subscription or claims processing departments may occupy the post of Customer Service Department director. No person who is banned from exercising trading activities in accordance with what is set forth in article 13 of the Commercial Code may be elected as director of the Customer Service Department.

The Customer Service Department director shall stop exercising his/her functions if, after being appointed, that person is found to be unable to occupy the post due to any of the above reasons.

Article 3. Presentation of complaints or claims. Term.

The presentation of documents containing complaints or claims may be done in person, or through a duly accredited representative, at any of the branch offices of the company, on paper or using electronic or remote means, in which case, it shall be possible to establish that this is in keeping with the terms of Act 59/2003, of 19 December 2003, concerning electronic signatures.

The company shall keep the respective form for making complaints and claims in its branch offices. Notwithstanding the above, the company shall admit all claims and complaints that meet the following requirements:

- a) The name of the person making the claim, or as applicable, the duly accredited person representing the former; national identity card number in the case of natural persons and companies registry particulars in the case of a company or firm.
- b) The number of the policy with respect to the party formulating the complaint or claim.
- c) The reasons for the complaint or claim, and as applicable, provision of a copy of all the documents that endorse the claimant's position.

d) The name of the branch office, department or person if the complaint or claim entails legal action.

e) The request made to the Customer Service Department.

f) An indication that the claimant is not aware that the claim or complaint is being substantiated through an administrative, arbitral or judicial procedure.

g) The place, date and signature.

The claim or complaint may be presented during the two years following the date on which the customer was informed of the facts leading to the claim or complaint.

Article 4. Persons who are authorised to formulate the claim.

Claims or complaints may be filed by policyholders, insured, beneficiaries, offended third parties or executors of any of the above.

Article 5. Issues that must be notified to the Customer Service Department.

The Customer Service Department shall be notified of the claims and complaints presented by lawful natural persons or companies, in accordance with Article 4.

Likewise, the Customer Service Department shall attend to and resolve all claims and complaints presented in relation to the actions of insurance brokers and bancassurance agents.

Complaints and claims that are made when any of the following occurs shall not be admitted:

- If more than two years have elapsed from the date on which the customer was informed of the facts giving rise to the claim or complaint, or as applicable, as long as the procedure enabling legal action to be taken remains in force.

- If, with respect to the same facts, a civil or criminal cause is being substantiated before an ordinary court of law, in an administrative appeal or through arbitration. If an appeal is filed or action is taken before judicial, administrative or arbitral bodies, the complaint or claim shall immediately be filed.

- If it is wished to process different appeals or actions as complaints or as claims that must be known by the administrative, arbitral or judicial bodies, or if it is subject to a decision or litigation or if the matter has already been resolved in those instances.

- If the facts, reasons and request in which the issues forming the basis of the complaint or claim do not refer to specific operations or do not meet the requirements.

- In the case of formulating complaints or claims that are a repetition of other previously-resolved claims or complaints presented by the same customer in relation to the same facts.

Article 6. Admission for processing.

After the Customer Service Department has received the complaint or claim, it shall acknowledge receipt of such complaints or claims in writing and decide whether they meet the requirements established in Article 3.- "Presentation" that are necessary for the complaint or claim to be processed.

In the case that any of the requirements set forth above are not met, the claimant shall be notified in writing so that it can correct the error within a term of no more than 10 calendar days, during which time the two-month term the company has to resolve the claim is interrupted.

The letter shall warn the claimant that in the event of failing to respond, the complaint or claim will be filed.

Article 7. Internal processing.

During the course of processing the dossiers, the Customer Service Department may request the claimant or the different departments and services of the affected entity for any information, clarifications, reports or elements of proof it considers appropriate to enable it to take its decision, and both parties shall respond within a term of no more than ten days from the time of the request.

Article 8. Acceptance and relinquishment.

If in the light of the complaint or claim, the

company were to rectify its situation with the claimant to the satisfaction of that claimant, it shall notify this to the relevant bodies / authorities giving documentary justification, unless the interested party has expressly declared its relinquishment. In such cases, the complaint or claim shall be filed without further ado.

The interested parties may relinquish their claims and complaints at any time. Relinquishment shall give rise to the immediate closing of the procedure insofar as the relationship with the interested party is concerned.

Article 9. Closing and notification

The file shall be closed within a term of no more than two months from the date on which the complaint or claim was presented to the Customer Service Department, to which shall be added two extra days during which time the file has been suspended in order to correct errors in presenting the claim, as set forth in article 6 of this Regulation.

The decision shall be justified and shall contain clear conclusions about the request made in the complaint or claim, based on the contractual clauses, insurance legislation and good practices and customs applied in the insurance industry.

The interested parties shall be notified within a term of ten calendar days from the date, either by letter, sent by registered mail with

acknowledgement of receipt, or through digital, remote or electronic means, provided that these permit the documents to be read, printed out and stored, and that they comply with the requirements foreseen in Act 59/2003, of 19 December 2003, on electronic signatures, as expressly designated by the claimant and in the absence of that indication, using the same means used to present the complaint or claim.

Once the foreseen term has expired, the complaint or claim shall be deemed dismissed and the claimant may formulate such claims or complaints before the Commissioner for the Defence of the Insured and Participants in Pension Schemes, except in the case of insurance contracts for large risks with respect to which the Commissioner is not authorised to deal with, pursuant to its Regulations of Implementation.

Article 10. Relationship with the Commissioner for the Defence of the Insured and Participants in Pension Schemes.

The company shall comply with the requirements made by the Commissioner in exercising its functions through the Customer Service Department, within the terms determined by the Commissioner.

Article 11. Annual Report.

The Customer Service Department director shall present to the Chief Executive Officer an

informative report with the content foreseen in Order ECO/734/2004.

A summary of the Report shall be included in the Company's Annual Report.



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