

MOD.6001-001-03/2005

POLIZZA N. 6001002803/D



RIFT SAFARI DI RIFT ENTERPRISES LTD

INFORMATIVE NOTE FOR INSURANCE AGAINST LOSS

In accordance to art. 123 of legislative decree of 17th March 1995 n° 175 and in conformity with provisions state d in ISVAP circular letter n°303 of 2nd June 1997.

INFORMATION ON THE COMPANY

Informative note to the policy owner

The present Informative Note has the purpose of providing all the preliminary information required by the contractor to underwrite the chosen insurance with full understanding and grounded judgment.

It is drawn up respecting the provisions set by ISVAP on the basis of norms enacted to safeguard the Consumer of the European Union in the sector of insurance against loss and adopted in the Italian legal system through legislative decree 17th March 1995 n°175.

The present note is drawn up in Italian in Italy, except for the faculty of the contractor to request its drawing up in another language.

Company name, juridical form of the Company and headquarters

The contract shall be closed with Filo diretto Assicurazioni S.p.A. with headquarters in the Italian Republic in Agrate Brianza (MI) – cap. 20041 – Centro Direzionale Colleoni – Via Paracelso, 14. Any changes shall be promptly communicated in writing to the Contractor by the Company.

Authorization to exercise insurance

Filo diretto Assicurazioni S.p.A. is authorized to exercise insurance by a decree of the Ministry of Industry and Commerce and Craftsmanship of 20th October 1993 (Official Gazette of 3rd November 1993 n°258).

Legislation applied to the contract

The legislation applied to the contract is the Italian one; the Parties have, in any case, the faculty, before the conclusion of the contract, to choose a different legislation, except for limits deriving from the application of national imperative norms and except for the prevailing of specific provisions regarding mandatory insurance foreseen by the Italian legal system.

Filo diretto Assicurazioni S.p.A. applies the Italian Law to the contract that shall be stipulated.

The application of imperative norms of Italian norms remain anyway.

Negative Prescription of laws deriving from the contract

According to art. 2952 of the Civil Code, the rights of the Insured (person in whose interest the contract is stipulated) deriving from the contract are prescribed in one year from the day in which the fact on which the law is based occurred and/or the day in which the third has requested the refund to the Insured or has promoted action against this action.

We draw the attention of the Contractor on the need to carefully read the contract before undersigning it.

Claims regarding the contract

Any claims regarding the contractual relationship or the management of losses must be sent by the Client to the Claims office of Filo diretto Assicurazioni S.p.A. - Centro Direzionale Colleoni – Via Paracelso, 14 – 20041 - Agrate Brianza – Mi – fax 039/6892199 – reclami@filodiretto.it.

Should the claimant not be satisfied by the outcome of the claim or, in case of no response within the forty-five day time limit, they may call on ISVAP, Servizio Tutela degli Utenti, Via del Quirinale, 21, - 00187 – Roma, presenting the report with documentation regarding the claim dealt with by the Company. Any controversies on the quantification of the services and assignment of responsibility shall remain of exclusive competence of judicial authorities, as well as the faculty to recur to systems of amicable settlement where present.

Should the Parties choose to apply a different legislation from the Italian one to the contract, the competent organ shall be the one foreseen by the specific legislation.

The Contractor may in any case refer to ISVAP, which shall facilitate communication and relationships with the

abovementioned foreign Inspection Organ.

Information during the contract

Should, throughout the duration of the contract, there be any variations on information regarding the contract itself, Filo diretto Assicurazioni S.p.A. commits to promptly inform the Contractor of them, as well as to supply any necessary specifications.

Warning

The present note is a document whose only value is for informative aims.

BRIEFING NOTE IN ACCORDANCE TO ART. 13 OF LEGISLATIVE DECREE N°196/2003

In conformity with provisions in art. 13 of Legislative Decree 196/2003 and any amendments or integrations (herewith "Privacy Code"), Filo diretto Assicurazioni S.p.A. (herewith Company) shall supply the following Briefing Note.

Regarding personal data about the Client which shall be the object of treatment, the Company specifies that :

- the handling of data is based on the principles of fairness, legality and transparency and to safeguarding the privacy and rights of the Client;
- the treatment of data may also include personal data strictly linked to the contractual relationship, included in the area of "sensitive data" in articles 4 comma 1 letter d) and 26 of the Privacy Code.

1) Aim of the treatment

Personal data provided by the Client, or in any case acquired by Filo diretto Assicurazioni S.p.A. from third parties, even regarding sensitive data in art.4 paragraph 1 letter d) and art.26 of the Privacy Code, are treated by the Company and/or by its appointees, for the following aims:

- carrying out business in executing, managing, concluding, fulfillment, of pre-contractual and contractual relations, to provide the assistance requested, as well as to dispatch tasks, such as loss payment, strictly-connected to the insurance business carried out by the Company to which it is authorized by law;
- fulfillment of all the obligations required by laws, regulations, provisions issued by authorities and vigilance and control organs;
- carrying out of commercial activities in promoting insurance services and products offered by the Company or by companies belonging to the Filo diretto Group as well as sending advertising material.

2) Method of handling data

The handling of data in object is carried out in the manner foreseen by the Privacy Code, even through authorized information technology and automatic means, in a non-comprehensive manner through operations of collection, registration, organization, storing, processing, selection, comparison, use, interconnection, consultation, communication, cancellation, destruction, block of data, according to principles of safeguard to security/protection, accessibility, confidentiality, integrity.

The data itself shall be handled and retained within the terms set by the law, within the limits and for the methods specified by it. The handling is carried out directly by the organization of the holder and by persons external to such organization who are part of the distribution chain of the insurance sector, appointed as commissioners/representatives of the Company itself and/or persons who are strictly connected to its running and/or to the fulfillment of activities foreseen by the contract and requested by it (moreover to what specified in point 4).

Data is not subject to disclosure.
Data may be transferred overseas, all over the world.

3) Conferment of data

a) The conferment of personal data regarding the client, (even of a sensitive nature) is necessary for the conclusion and management of the contract and for a better execution of the contractual services, as well as for the fulfillment of activities strictly linked to the fulfillment of such services, as well as to the management and liquidation of losses.

b) The conferment of data may be mandatory on the basis of EU law, regulations, norms.

Any refusal to the consent expressed on handling of data in points a) and b) causes the impossibility to conclude or execute the contract and/or carry out the services foreseen contractually.

c) The conferment of personal data aimed at informing and promoting services and offers of the Company is optional and does not imply any consequences to the contractual relation.

4) Persons or categories of persons whose data may be disclosed

Data may be disclosed – for the purposes listed in point 1a) and to be submitted to handling with the same aims - in Italy and overseas, to the Company or to companies of the Filo diretto group, persons external to the distribution chain of the Company carrying out tasks linked and instrumental to the management of the contractual relation, such as correspondents, healthcare bodies, medical and paramedical personnel, trusted personnel, other persons of the insurance sector, such as brokers, coinsurance brokers, reinsurance brokers, agents, subagents, agency producers, insurance middlemen and other channels of insurance purchase, banks, Sims, legal, experts and mechanics, service companies entrusted with the management, liquidation and payment of services, corporate consulting companies,

consultants, professional offices, societies and consortiums of the insurance sector, data and service management bodies, factoring and credit collection companies, bodies carrying out data management and means of payment electronically, companies carrying out business in press, transmission, enveloping, transport and filtering of communication to clients, document filing services and companies specialized in data entry services, supply of information technology services, administrative and accounting services, through persons appointed by the company.

The data may be disclosed for the purposes listed in point 1 b) to persons to whom they are to be communicated by law, within the limits and for the purposes foreseen by the law, public bodies and supervising bodies, public and private persons who, on the basis of the standing law, carry out public functions, societies and consortiums of the insurance sector and thus, as an example, Ania, ISVAP, Ministry of Industry, Commerce and Craftsmanship, CONSAP, UCI, Supervising Commission of pension funds, Ministry of Labor and Social Security or other databanks regarding whom disclosure of data is mandatory (e.g. Ufficio Italiano Casellario Centrale Infortuni, Motorizzazione Civile e dei trasporti in concessione).

Data may be disclosed for the purposes listed in point 1 c) to companies of the Filo diretto group (holding companies, subsidiaries and affiliates in accordance with law provisions in force), as well as to Filo diretto group appointees.

5) Rights of the concerned regarding the handling of personal data (art.7 of the Privacy Code)

Art.7 of the Privacy Code confers to the Client some specific rights among which the one to be aware, at any moment, of which data, as well as its use, is held by the company or held by persons to which they are sent or which may acquire them being in charge or entrusted by the company; the Client has also the right to have the data updated, integrated, corrected or cancelled, to have it blocked and to oppose to its handling for legitimate reasons and for the aim of commercial information or sending of advertising material.

To exercise such right the client may contact Filo diretto Assicurazioni S.p.A. directly with headquarters in Via Paracelso 14 – 20041 Agrate Brianza (MI).

6) Beholder of handling

Beholders of data handling are Filo diretto Assicurazioni S.p.A. with headquarters in Via Paracelso 14 – 20041 Agrate Brianza (MI) through its legal representative, and each of the companies of the Filo diretto group which carry out handling in an automatic way with direct responsibility.

DEFINITIONS

The Parties conventionally assign the meanings specified herewith to the following expressions:

AMI ASSISTANCE: Agency of the Company.

INSURED: The person whose interest is protected by the insurance, that is, every person regularly communicated to the Company who purchases the present policy together with the booking of the ticket or the tourist service.

INSURANCE: The insurance contract.

AVERAGE: The loss suffered by luggage due to breaking, collision, clash against fixed or moving objects.

OPERATIVE CENTRE: The unit of the company, operating 24 hours, which organizes and issues the assistance services included in the policy, upon request of the Insured.

CONTRACTOR: RIFT SAFARI SRL

FRANCHISE: Part of the payable loss which is always charged to the Insured.

THEFT: Is the crime, provided for in art. 624 of the criminal code, committed by whoever takes possession of a mobile good owned by others, purloining it from the beholder, in order to profit from it personally or for others.

INDEMNITY: The sum owed by the company in case of loss.

INJURY: The event, due to accidental, violent and external causes, which produces physical severance objectively deemed whose direct and exclusive consequences have determined the death or permanent invalidity.

ILLNESS: The alteration of the state of health not due to injury.

PREEXISTENT ILLNESS: illness which is the expression or direct consequence of chronic pathologic situations or preexisting at the beginning of the trip.

FAMILY HOUSEHOLD: The spouse/cohabitant and dependant children of the Insured.

POLICY: The document which proves insurance.

PREMIUM: The sum owed by the Contractor to Company.

HOSPITALIZATION: ambulation in an Institute of cure which requires at least one night accommodation.

RESIDENCE: The place in which the Insured have their habitual domicile.

LIMIT: The amount which, for each loss, is charged to the Insured, in a percentage on the refundable loss under contractual terms.

LOSS: The occurrence of a harmful fact against which the insurance guarantee acts.

COMPANY: Filo diretto Assicurazioni S.p.A.

THIRD PARTIES: Any person excluding the spouse/cohabitant, legitimate next-of-kin, be they natural or adoptive of the Insured as well as, other relatives living with them.

VEHICLE: the cars, motorcycles, caravans, trailers or caravans, campers, for private use of an overall weight below 35 tons, owned by the Insured (excluding rental), conforming to the law and which have been submitted to the mandatory technical checks.

BREAKDOWN: Any unforeseen mechanical problem with a



vehicle, with the exclusion of simple maintenance, which makes use impossible, resulting from wear and tear, defect, malfunction as well as fire.

TOURIST SERVICES: flights, hotel accommodation, car rentals, etc...sold by the Contractor through its website.

GENERAL INSURANCE REGULATIONS

ART. 1.1 – OBLIGATIONS OF THE INSURED PARTY IN CASE OF ACCIDENT

In the case of accident, the Insured Party must inform the Company both by telephone and in writing following the regulations foreseen for each individual aspect of insurance cover. Non-fulfilment of this obligation will result in the partial or total loss of the right to compensation.

ART. 1.2 – PROFESSIONAL SECRECY

On notification of an accident, and with particular reference to the treatment of personal data (possibly "sensitive" or relating to third parties) the Insured Party must give his/her consent for its use, including specific authorisation for doctors to waive their oath of professional secrecy.

ART. 1.3 – RESORTING TO THE LAW

The insurance is regulated by the Italian law. For all that is not otherwise specified herein, the law will prevail.

GENERAL INSURANCE CONDITIONS

ART. 2.1 – VALIDITY, EFFECTIVENESS AND DURATION OF THE COVER.

The guarantees are valid from the date of departure service purchased by the client up to the limit of 60days immediately after the date of departure.

ART. 2.2 – TERRITORIAL EXTENSION

The policy is valid in the Country or group of Countries where the trip takes place. In case of trips by flight, train, coach or ship, the insurance is valid from the place of departure of the trip (airports, railway stations, ports, public-transport stations) to the place of arrival at the end of the trip. The guarantees, excluded the guarantee of trip cancellation, are not valid in the countries that are in a declared or actual state of belligerency and in the following Countries: Afghanistan, Burundi, CisJordan and Gaza strip, Congo, North Korea, Ivory Coast, Ethiopia, Haiti, Iraq, Kosovo, Liberia, Nepal, Papua New Guinea, Republic of Chechnya, Republic of Central Africa, Democratic Republic of Congo, Rwanda, Western Sahara, Republic of Sierra Leone, Somalia, Sudan, East Timor, Uganda, Yemen. The guarantees are excluded also in the countries that are in a declared or actual state of belligerency.

The Insurance is effective in the Country or group of countries which are part of the itinerary and where the client is subjected to an event for which he/she has right to compensation.

ART. 2.3 – EXCLUSIONS

ANY CONSEQUENCES AND/OR EVENTS DERIVING, DIRECTLY OR INDIRECTLY, FROM THE FOLLOWING SITUATIONS ARE NOT COVERED BY THE INSURANCE:

- War, insurrections, popular movements, strikes, uprisings, terrorism, military or not military occupations, invasions;
- Volcanic eruptions, earthquakes, tsunamis, tornadoes, hurricanes, floods, flooding and other natural phenomena with characteristic of natural calamity;
- Natural or provoked events resulting in ionising radiation or radioactive contamination caused by nuclear fuel or waste or radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment;
- Injuries or illnesses deriving from alcoholic abuse of non-therapeutic use of psycho-medicines or dopes;
- Fraud, voluntary and premeditated acts by the insured person;
- Trip undertaken against medical advice or, in any case, in presence of acute illnesses of undertaken for the purpose of undergoing medical or surgical treatment;
- Illness which is direct expression or consequence of chronic pathological situations or pre-existent diseases, already known by the Insured at the moment of undersigning the policy or existing before the beginning of the trip, with the exception of the service concerning shipment of the body after death;
- Pathologies derived from complications of pregnancy or pathological situations that are consequent of that;
- Cost for voluntary termination of pregnancy;
- Organ explant or transplant;
- Alcohol addiction, drugs addiction, HIV or AIDS, mental illnesses, organic or brain disease, schizophrenia, manic-depressive psychosis, state of paranoia, psychic disturbance, including neurotic behaviour;
- Tests, training, car races, motorcycle races, motorboat races, including motorboats and bobs;
- Playing sports like: trekking, upper 3rd level-climbing, free climbing, jumping off the springboard with ski or water-ski, acrobatic or extreme-skiing, off-the-slopes skiing, bob, 3rd level- river canoeing, or down slope rafting, kite-surfing, hydro-speed, bungee jumping, parachuting, hang gliding, air sports in general, boxing,

- wrestling, football, rugby, ice-hockey, diving with aqualung, heavy athletics;
- Acts of recklessness;
- Professional sport activities; taking part of races or sports competitions, including tests and trainings, with the exception of foot-races, bowl-races, golf competitions, non-underwater fishing, throwing, fencing, tennis match, and company/inter-company's races or matches with a recreational purpose;
- Infection disease, in case that the assistance is prevented by national or international sanitary regulations;
- Carrying out activities with the direct use of any explosives or firearms.

ART. 2.4 – LIQUIDATION CRITERIA

Payment of what due contractually, is executed, upon presentation of duly paid original notes, statements and receipts. Upon request of the Insured the Company shall return the aforementioned originals, after having stamped the date and amount of payment. Should the Insured have presented the original notes, statements and receipts to third parties to obtain refunds, the Company shall carry out the payment of sums owed at termination of the present contract upon proof of the expenses actually borne, net of what is charged to the aforementioned third parties. Refunds shall always be paid in Euros.

PARTICULAR CONDITIONS OF THE INSURANCE

REIMBURSEMENT FOR MEDICAL EXPENSES

ART. 4.1 – OBJECT OF THE INSURANCE

Within the limit of a maximum amount per Insured Party of € 20.000,00 you will be reimbursed for medical expenses incurred during the trip resulting from illness or accident occurring during the period of validity of the cover relative to: medical fees, dental care but only as a result of an accident with a limit of € 200,00 per Insured Party, hospital admissions, surgical operations and drugs prescribed by a doctor. In case of admission to a hospital due to an accident or illness subject to compensation under the terms of the policy, the operating centre, at the Insured Party's request, will see to direct payment of the medical expenses.

However amounts, if any, exceeding the maximum amounts provided for in the policy and the related deductible amounts shall remain at the expense of the insured part, who will have pay them directly on the spot.

For amounts of more than € 1,000,00 the Insured Party must request advance authorisation from the operating centre.

ART. 4.2 – DEDUCTIBLE

An absolute deductible of € 50.00 will apply to every claim. For the claims with amounts exceeding € 1.000,00, in the event of an absence of authorization by the Operative Centre, and when the Insured is able to demonstrate the actual payment of the expenses incurred by wire draft or credit card, 25% of the amount to be reimbursed that exceeds 1,000.00 Euro will be considered uncovered, with a minimum of 50.00 Euro.

It is understood that no reimbursement will be owed should the Insured party not be capable of demonstrating the actual payment for medical expenses incurred by means of wire draft or credit card.

ART. 4.3 – EXCLUSIONS

Apart from the exclusions foreseen in the general insurance conditions, the following costs are also excluded: physiotherapy, nursing, thermal therapy, dieting and elimination of congenital defects. Also excluded are expenses relating to glasses, contact lenses, prostheses and therapeutic or other apparatus concerning treatment or applications of an aesthetic nature. The insurance does not cover costs for involuntary termination of pregnancy or treatments regarding fertility and/or sterility and/or impotence.

ART. 4.4 – OBLIGATIONS OF THE INSURED PARTY IN CASE OF ACCIDENT

The Insured Party, or whom it may concern, must send a notification of the accident to the Company by sending a registered letter or by fax (fax number: +39.039.605.7533) to the following address:

FILO DIRETTO ASSICURAZIONI SPA
Centro Direzionale Colleoni - Via Paracelso 14 - 20041 Agrate Brianza (MI) - Italy
For information: Phone: +39 039.65546614
Fax: +39/039 6057533

Indicating:

- First Name, Last Name, address & phone numbers
- Policy identification number:

The Insured Party must also send the following documentation to the Company:

- In case of accident or illness, a medical certification which states the date when the accident occurred or the beginning of the state of illness, specifying the diagnosis and days of prognosis;
- in case of admission, copy of the case history;
- in case of death, the death certificate;
- in case of an accident occurred by car or by other vehicle, copy of the ascertainment of the damage or copy of the police report;

necessary investigations of the case and also to produce all the relevant acts and documents in order that the Doctors who visited and treated the Insured Party are released from the professional secrecy, if being involved in the examination of the accident.

Non-fulfilment of these obligations or in case that the fiduciary doctor charged by the Company verifies that the Insured Party's conditions are suitable for travelling or in case that the Insured Party does not supply the Company with all the relevant acts and documents, needed for a correct evaluation of the request for compensation, will result in the partial or total loss of the right of compensation. The Company reserves the right to request further documentation deemed necessary for a correct evaluation of the request for compensation.

The Company has the right to take over from the ownership of the travel documents not used by the Insured Party.

PERSONAL ASSISTANCE

ART. 5.1 – OBJECT OF THE INSURANCE

The Company undertakes, within the limits agreed in the policy, to immediately provide the Insured Party, by placing at disposition the staff and equipment of the operating centre, with personal assistance services whenever the Insured Party finds himself in difficulty due to an illness or an act of God. This assistance may consist of services in the form of money or of another kind.

ART. 5.2 – TELEPHONE MEDICAL CONSULTATIONS

If following an illness or accident it proves necessary to ascertain the Insured Party's state of health, the Company will place the Operative Centre's medical service at the disposition of the Insured Party so as to make contacts or checks which prove necessary for dealing with the emergency health situation.

ART. 5.3 – DESPATCH OF MEDICAL STAFF IN URGENT CASES

If during the trip, the Insured Party needs medical attention but is unable to find it, the Company, through the Operative Centre, will put their own medical staff at the disposition of the Insured Party, during the night (from 8.00pm to 8.00am) and 24 hours a day on Saturdays and public holidays. By calling the Operative Centre and following the initial telephonic diagnosis from our internal doctor, the Company will send a doctor free of charge. If for some reason a doctor is unavailable or if circumstances make it necessary, the Company will organise at its own expense the transfer of the Insured Party by ambulance to a casualty ward.

ART. 5.4 – IDENTIFICATION OF A DOCTOR

If, after medical consultation (see telephonic medical consultation), it is necessary for the Insured Party to undergo a medical examination, the operative centre will locate a doctor in the area in which the Insured Party is located. This service obviously depends on local availability of medical care

ART. 5.5 – ORGANISED MEDICAL TRANSPORT

The Medical Service of the Operative Centre, following an illness or injury suffered by the Insured Party which causes infirmity or injuries that can not be cured locally or which preclude the possibility of continuing the journey and/or stay, will first consult the local doctor and, if necessary/possible, the family doctor, and organise transport for repatriation. Depending on the gravity of the case, the Insured Party will be either taken to the most suitable hospital for the treatment of his/her condition or accompanied home.

Depending on the case, the Medical Service of the Operative Centre can organise transport of the following types:

- medical plane- normal plane – sleeping car – 1st class berth - ambulance – other means of transport considered suitable.
- If necessary, due to the grave conditions of the Insured Party, the Operative Centre will organise for one of its medical staff to accompany the patient.
- Return from non-European countries, apart from those situated around the Mediterranean basin, will be carried out exclusively by airline.
- These services will not be provided if the Insured Party or members of his/her family discharge the patient from the hospital against the advice of the local medical staff

ART. 5.6 – RETURN HOME OF FAMILY MEMBERS OR OF THE TRAVEL COMPANION

In the case of medical transportation of the Insured Party for reasons of convalescence or transportation of the body after death, the Operative Centre will organise and the Company will pay for the return of family members (tourist class air ticket or 1st class train ticket), if insured, or one travel companion. This service is offered only when it is impossible for the Insured Party to continue his/her trip or use travel documents (tickets, travel vouchers, etc.) in his/her possessions.

ART. 5.7 – SHIPMENT OF THE BODY AFTER DEATH

In the case of death of the Insured Party during the course of the trip and/or stay, the Operative Centre will organise the transportation of the corpse, deal with the necessary bureaucracy and pay all necessary and indispensable costs (post-mortem, coffin transportation documents) until the body reaches the place of burial. Excluded from this service are search costs, funerals or interment or recovery of the corpse.

The Insured Party must allow the Company to undergo the

FILO DIRETTO ASSICURAZIONI S.p.A. con Socio Unico
Società soggetta all'attività di direzione e coordinamento da parte di Filo Diretto S.p.A.
Centro Direzionale Colleoni • Via Paracelso, 14 • 20041 Agrate Brianza (MI)
Tel. 039.60.56.804 r.a. • Fax 039.60.57.533 • www.filodiretto.it
Capitale Sociale € 11.800.000,00 i.v.
Partita I.V.A. IT 02230970960 • C.F. 01757980923

ART. 5.8 - TRAVEL BY A FAMILY MEMBER IN CASE OF HOSPITALISATION

If the Insured Party is obliged to stay in hospital for a period of more than five days, the Operative Centre will organise and the Company will pay for a return journey (tourist class air ticket or 1st class train ticket) and accommodation costs up to € 100,00 per day for a maximum period of 10 days for a resident member of the family. This service is provided only if another adult member of the family is not already present.

ART. 5.9 - ASSISTANCE FOR MINORS

If, after a period in hospital the insured party is unable to take care of children travelling with him/her, the Operative Centre will provide a member of the family or another person nominated by the Insured Party or spouse with a 1st class return train fare or tourist class air ticket so as to be able to accompany the children home. This service is provided only if another adult member of the family is not already present.

ART. 5.10 - RETURN HOME OF A CONVALESCENT TRAVELLER

If the Insured Party's state of health impedes him/her from returning home using the means of transport initially provided, the Operative Centre will organise and the Company will pay for a return ticket (tourist class air ticket or 1st class train ticket). This service is provided if the Insured Party is unable to use the travel documents (tickets, travel vouchers, etc.) in his/her possession.

ART. 5.11 - EXTENSION OF STAY

The Operative Centre will organise accommodation necessary for an extension of the stay of the Insured Party due to illness or injury if in receipt of a valid medical certificate. The Company will pay expenses up to € 100,00 per day for a maximum period of 10 days.

ART. 5.12 - ADVANCE OF EXPENSES FOR BASIC NECESSITIES

If the Insured Party incurs unforeseen expenses due to proven serious events, the Operative Centre will provide on the spot payment for invoices or a cash advance to the Insured Party for a maximum sum of € 8,000,00.

ART. 5.13 - EARLY RETURN HOME

The Operative Centre will organise and the Company pay for the cost of the ticket in the case that the Insured Party has to anticipate his/her return home (tourist class air ticket or 1st class train ticket) due to death or imminent death in his/her country of residence of one of the following relations: spouse, son/daughter, brother/sister, parent, father/mother-in-law, son/daughter-in-law, brothers/sisters-in-laws. In the case in which the Insured Party has to abandon his/her vehicle in order to return home immediately, the Company will place an air or train ticket at the disposal of the Insured Party so as to be able to later pick up the vehicle. These services are provided only when the Insured Party is unable to use the travel documents (tickets, travel vouchers, etc.) in his/her possession.

ART. 5.14 - TELEPHONE/ TELEGRAPH EXPENSES

The Company will pay for any documented expenses incurred through contacting the Operative Centre up to a limit of € 100,00.

ART. 5.15 - TRANSMISSION OF URGENT MESSAGES

If the Insured Party is unable to send urgent messages, the Operative Centre will ensure that these messages are forwarded to the recipient.

ART. 5.16 - EXPENSES RELATING TO RESCUE, SEARCH AND RECOVERY

In the case of accident, costs for search expeditions and rescue operations are guaranteed up to a limit of € 1,500,00 per person on condition that the search expeditions are organised by an official organisation.

ART. 5.17- EXCLUSIONS

Apart from the exclusions foreseen in the General Conditions, the Company will not reimburse costs incurred by the Insured Party without the explicit authorisation of the Operative Centre. If the Insured Party does not make use of one or more of the services offered, the Company is not bound to provide compensation or alternative services of compensation. Infectious diseases are also excluded if assistance is prevented by international sanitary regulations.

ART. 5.18 - RESPONSIBILITY

The Company does not accept responsibility for delays or impediments which may arise during the provision of assistance in the case of events already excluded in the General Conditions and in particular the following:
- instructions from local authorities which prevent the carrying out of the foreseen services;
- any unforeseen or unpredictable circumstances;
- events of force majeure.

ART. 5.19 - RESTITUTION OF TICKETS

The Insured Party is obliged to send travel documents (tickets, travel vouchers, etc.) to the Company after making use of the services provided by the Company.

ART. 5.20 - OBLIGATIONS OF THE INSURED PARTY IN CASE OF ACCIDENT

In case of necessity during the trip/stay, the client must get in touch with the operative center, operating 24hours a day,

to the numbers:

FILo DIRETTO ASSICURAZIONI SPA
Centro Direzionale Colleoni - Via Paracelso 14 - 20041 Agrate Brianza (MI) - Italy
For information: Phone: +39 039.65546614
Fax: +39/039 6057533

Providing the following documentation:

- First Name, Last Name, Address and Phone number;
- policy identification number- - Exact location;
- Home/fax number where he/she can be reached;
- Home address;

TRAVEL CARE TELEMEDICINE SERVICE

ART. 5.21 - SERVICE DESCRIPTION

If a health problem or accident should arise while travelling abroad, the Insured party locates a facility with a Net for Care telemedicine station (*) and can request direct remote consultancy with medical specialists from leading medical centres all over the world. Net for Care is a technological platform offering cutting-edge telematic solutions to connect highly specialized hospitals online with the company's Centre, allowing Insured parties to access specialist medical consultancy services online.

ART. 5.22 - THE NETWORK OF SPECIALIST CENTRES

The network (*) features institutes highly qualified in the provision of teleconsultancy services:

- Duke University Health System (Durham, USA)
- Cleveland Clinic Foundation (Cleveland, USA)
- Massachusetts General Hospital (Boston, USA)
- Brigham and Women's Hospital (Boston, USA)
- Istituto Tumori Milano in Milan
- Istituto Ortopedico Rizzoli in Bologna
- Leading medical specialists operating with the telemedicine Centre

ART. 5.23 - HOW TO ACCESS THE SERVICE

To request teleconsultancy, a patient need only call the Telemedicine Centre to enter in direct contact with medical staff able to provide first-level teleconsultancy 24 hours a day, 365 days a year. Depending upon the patient's needs, second-level medical consultancy is then arranged with a specialist centre on the network, in the presence of the Insured party and/or a relative.

ART. 5.24 - LIMITS TO SERVICE OFFER

The Insured party may use the service up to a maximum of three times annually.

ART. 5.25 - COST OF SERVICE

The Company covers all expenses relating to the organization and management of the specialist medical consultancy, including the fee of the consulted specialist.

The Insured party pays for the cost of any examinations (diagnostic examinations, laboratory examinations, photographs, etc.) required for teleconsultation and the cost of any verifications requested by the contacted specialist.

(*) *The network of specialist health centres and services at main tourist locations and places equipped with telemedicine stations is constantly being expanded and enhanced with new installations. The complete list of stations is available on the Gruppo Filo Diretto website (www.netforcare.it) or can be requested from the Company's Centre.*

WHAT TO DO IF YOU NEED TO MAKE A CLAIM AND WHAT DOCUMENTS ARE NECESSARY TO OBTAIN COMPENSATION

1 - PERSONAL ASSISTANCE

In case of necessity during a trip/stay, the Insured Party must contact the Operative Centre.

PHONE: +39/039 6899965

FAX: --39/039 6057533

**INDICATING THE NUMBER OF POLICY :
6001002803/D**

IN ORDER TO AVOID LOSING THE RIGHT TO THE REIMBURSEMENT, THE INSURED PARTY OR WHOELSE ON HIS/HER BEHALF, MUST SEND A WRITTEN REPORT ADDRESSED TO:

AMI ASSISTANCE (Ufficio Sinistri)

Centro Direzionale Colleoni

Via Paracelso 14 - 20041 - Agrate Brianza (MI)

Per informazioni: Telefono + 39 039 6899941 -
Fax +39 039 6899940

DOCUMENTATION TO BE SENT FOR COMPENSATION

A) MEDICAL COSTS:

- 1) The medical diagnosis certifying the pathology and, in case of admission to hospital, the case history .
- 2) Original copies of bills/invoices relative to costs incurred.
- 3) Medical prescriptions and receipts for the purchase of medicines.

Failure to produce the above-listed documents relative to the specific case may cause the total or partial loss of right to compensation.

The Company reserves the right to request further documentation deemed necessary for a correct evaluation of the request for compensation.

