

Confirmation of insurance cover N26 Black Account

In doubt the German language version of the Insurance General Terms and Conditions prevails.

Master Policy Number: NUMAGAE2016-001

The Insurer: AWP P&C S.A. – Dutch branch, trading as Allianz Global Assistance Europe

Where to seek help if you have questions and in emergencies

If you have questions on insurance benefits or you require help in an emergency...

Phone +49 (0) 89 2 44 41 41 00

Our 24-hour emergency service can offer you rapid and expert help round the clock anywhere in the world.

Please use our **service** times from 8.30 am to 7 pm on Mondays to Fridays and Saturdays from 9.00 am to 2.00 pm (excluding public holidays) via the phone number above or via E-mail (N26@allianz-assistance.de).

Important in an emergency:

- Have the full address and phone number of your current location to hand.
- Keep note of the names of all points of contact at official bodies, such as a doctor, hospital or the police.
- Describe the situation, keeping it as exact as possible and provide us with all of the necessary information.

If you would like to report a claim to us...

...please use the respective claim form for Travel Cancellation, Travel Curtailment and Medical Expenses which you find on <https://www.allianz-reiseversicherung.de/content/316/de/hilfe-und-service/file-a-claim> and send it to the E-mail address stipulated on the forms.

For Luggage Delay Insurance, Flight Delay Insurance, ATM Cash Mugging Insurance, Mobile Telephone Theft Insurance and Extended Warranty please file your claim per E-mail to: sachschaden@allianz-assistance.de.

Alternatively you can post to the Claims Department: AWP P&C S.A., Niederlassung für Deutschland, Bahnhofstraße 16, 85609 Aschheim (bei München) which has been appointed by the Insurer for claims handling and service requests.

Your benefits at a glance

Note

- Trips and devices have to be paid completely with the **N26 Black Account** or its attached payment card(s). Consequences from using **Frequent Traveler Programs** or **Rewards & Loyalty Programs** are defined in the scope and coverage table and the respective Terms and Conditions.
- Additional conditions based on the scope and coverage table and general terms and conditions.

Luggage-Delay Insurance

Reimbursement for **Trips Abroad**: the additional expenses incurred if checked baggage arrives more than 6 hours after the **Beneficiary** in relation to the arrival time of the **Beneficiary** at the airport or the railway station **Abroad**.

Flight Delay Insurance

Reimbursement for **Trips Abroad**: the additional expenses incurred during the wait time for a flight delay of more than 4 hours.

Travel Cancellation Insurance

Reimbursement for **Trips Abroad** in case of a covered event: contractually agreed cancellation costs for the insured travel arrangements if the **Trip** is not commenced.

Travel Curtailment Insurance and Early Return

Reimbursement for **Trips Abroad**:

- Additional costs caused by the curtailment of the **Trip** according to type and quality of the insured **Trip**.
- The proportionate travel cost of the unused travel benefit on-site due to unplanned termination or interruption in case of a covered event.

Foreign Medical Expenses

Reimbursement for **Trips Abroad**: the costs of the necessary medical aid in the foreign country should you fall ill or be injured in an **Accident** requiring urgent attention whilst on the Trip:

- Doctors' and hospital expenses;
- Medicines.

Patient Repatriation Transportation

Reimbursement for **Trips Abroad**: the costs of the medically advisable and appropriate return transportation of the **Beneficiary** to the nearest suitable hospital to the **Beneficiary's** place of residence and, in the event of death, the repatriation of the **Beneficiary's** mortal remains.

Medical Assistance

Provides services for **Trips Abroad** such as assistance in a personal emergency during travel: in case of acute illness, **Accident**, death. It organises patient repatriation transportation with medically adequate means of transport as soon as medically advisable and appropriate. The Assistance is available to **Beneficiaries** 24 hours a day under a central phone number.

Travel Accident Insurance

Payment of a defined amount for **Trips Abroad**: In the event of an insured **Accident** during the **Trip** that leads to total and permanent invalidity or the death of the **Beneficiary**.

ATM Cash Mugging Insurance

Coverage in cases of mugging for stolen cash, up to 4 hours after withdrawal at an ATM from the **Account Holder's N26 Black Account**.

Mobile Telephone Theft Insurance

Reimbursement of a replacement device or the costs of replacing the mobile telephone or smartphone, provided that the loss is due to a covered event domestically or abroad (up to 90 days). Underlying is the current value of the device. It is in the **Insurer's** responsibility to decide whether he reimburses a replacement device or the cost for a replacement.

Extended Warranty

In the event of damage of covered equipment that appears during the validity of the extended warranty period and that can be verified to be due to material or manufacturing defects on the part of the manufacturer, the repair costs or the cost of a new purchase will be reimbursed in accordance with the guarantee conditions.

Definitions and interpretations:

When the following words and phrases appear in **bold** throughout the Terms and Conditions, they have the meaning given below. The use of the singular also includes the use of the plural and vice versa.

Abroad:

means a country, other than the Country of Residence, where the **Account Holder** does not stay more than three months per year.

Accident:

means an unexpected and external event that involuntarily damages the **Beneficiary's** health by impacting his/her body.

Account Holder:

means unique holder of a valid **N26 Black Account**.

Assistance Company:

AWP Service Deutschland GmbH has been administered to provide the **Assistance** services on behalf of the **Insurer**.

Beneficiary:

The **Beneficiary** is the account holder. On joint **Trips** with the **Account Holder** are also considered as beneficiaries:

- Spouse of **Account Holder** if registered under same address
- Minor children (also step-, adopted-, foster-child) of the **Account Holder** or spouse
- Grown-up children of the **Account Holder** or spouse up to their 25th year if still in education

Country of Residence:

means the countries in which the **Account Holder** maintains a permanent residence or in which he or she usually stays for longer than three months per year.

Deductible:

Fixed amount or percentage of an insurance claim that is the responsibility of the **Beneficiary**, and which the **Insurer** will deduct from the claim payment.

Frequent Traveler Program:

means consumer points rewards program with airline companies that can be used to purchase airline tickets or pay taxes on the airline ticket, using the accumulated points.

Home:

means the place where the **Account Holder** normally lives in his **Country of Residence**.

Hospitalisation:

means any in-patient medical care done in an established hospital and requiring at least one overnight stay.

Insurer:

refers to:

AWP P&C S.A. - Dutch branch, trading as Allianz Global Assistance Europe,
Poeldijkstraat, 4,
1059 VM Amsterdam,
Netherlands
Identification Number: 33094603
USt.-IdNr.: 001421943B01

N26 Black Account:

means a **N26 Black Account** for which the yearly fee has been entirely paid by the **Account Holder** to the **Policy Holder**. One or several cards can be linked to the **N26 Black Account**, all of them being issued on the name of the **Account Holder**. Even if an **Account Holder** holds more than one card for his **N26 Black Account**, insurance benefits will only apply once per **Account Holder**.

Person at Risk:

Persons at risk will be deemed to be the following persons in addition to the **Beneficiary**: the family members of the **Beneficiary**. These are the spouse or life partner, their children, adopted children and stepchildren as well as parents, adopted parents and stepparents, siblings, grandparents, grandchildren, aunts and uncles, nieces and nephews, parents-in-law, children-in-law and brothers and sisters-in-law of the **Beneficiary**.

Policyholder:

refers to: N26 GmbH, Klosterstraße 62, 10179 Berlin ("N26")

Rewards & Loyalty Program:

means consumer points rewards program with retailers that can be used to purchase appliances with the same retailer, with the accumulated points.

Terms of the Insurance Coverage:

Insurance coverage begins with the opening of a **N26 Black Account** with the **Policy Holder** or the upgrade of an existing N26 account to a **N26 Black Account** and ends with an effective cancellation of the **N26 Black Account** contract or the downgrade of a **N26 Black Account** to a N26 account. Start and end of the insurance coverage of each type of insurance benefit are described in the Scope and Coverage table and the respective Terms and Conditions.

Trip:

means the fact of going **Abroad** up to 90 days for reasons totally independent of the **Beneficiary's** professional activities. For **Trips** longer than 90 days, coverage only applies to the first 90 days.

The **Trip** starts when the **Beneficiary** leaves his Country of Residence to travel directly **Abroad**.

The coverage of the **Trip** ends when the first of the following occurs:

- When the **Beneficiary** returns **Home**.
- When the **N26 Black Account** validity expires.
- 90 days after the departure date.

Trip Value:

means the costs of all pre-booked travel services such as but not limited to: transportation tickets, abroad residence bookings, pre-paid excursions, pre-paid rental car for the **Trip** paid with the covered **N26 Black Account**.

This does not include any service fees from a travel agency.

Unexpected serious illness:

An **Unexpected serious illness** has occurred if specific symptoms of illness occur after being in a stable state of well-being and capable of travelling which prevents the commencement or completion of a **Trip** and provides the cause for cancellation or curtailment and early return.

Scope and coverage table

The scope and coverage table defines the limits, the deductibles and the scope of the guarantees.

General Provisions:	
Area of validity (§ 2):	<p>As part of Luggage Delay, Flight Delay, Travel Curtailment, Repatriation, Medical Assistance, Foreign Medical Expenses and Travel Accident Insurance cover is provided during all personal Trips Abroad up to 90 days from the start of the Trip.</p> <p>As part of Travel Cancellation Insurance cover is provided for all Trips Abroad up to the start of the Trip.</p> <p>For ATM Mugging, Mobile Phone Theft and Extended Warranty cover is provided within the Country of Residence and during covered Trips independent of any domestic or foreign travel.</p>
Beginning of insurance cover / end of insurance cover (§ 3):	<p>Travel Cancellation Insurance is only valid for Trips booked since the start of the insurance cover (opening of or upgrade to a N26 Black Account). The insurance cover for a Trip starts with the payment of a booked Trip – in part or fully – with the N26 Black Account or its attached card(s) and ends with the beginning of the Trip or the invalidity of the N26 Black Account, depending which event occurs first.</p> <p>Luggage Delay, Flight Delay, Travel Curtailment, Repatriation, Medical Assistance, Foreign Medical Expenses and Travel Accident Insurance is only valid for Trips during the validity of the insurance cover with the N26 Black Account.</p> <p>For ATM Mugging Insurance cover starts with the cash dispense and ends 4 hours after the cash dispense (account statement).</p> <p>For Mobile Telephone Theft and Extended Warranty Insurance cover starts with the ownership of the goods and ends with the invalidity of the N26 Black Account, for Extended Warranty latest at the end of the warranty extension.</p>
Required use of the card account (§ 4):	<p>As part of Luggage Delay, Flight Delay, Travel Cancellation and Curtailment, Repatriation, Medical Assistance, Foreign Medical Expenses and Travel Accident Insurance cover will apply only if the N26 Black Account or its attached payment card(s) is used as a means to entirely pay for the Trip.</p> <p>If the Trip is partly paid with Frequent Traveler Programs and the remaining part is entirely paid with the N26 Black Account, insurance cover will still apply for Luggage Delay, Flight Delay, Repatriation, Medical Assistance, Foreign Medical Expenses and Travel Accident Insurance. For Travel Cancellation and Curtailment Insurance, cover will be limited to the amount of the Trip paid with the N26 Black Account or its attached payment card(s) after applying the Deductible.</p> <p>For ATM Mugging Insurance cover will apply only if the money was dispensed with one of the payment cards attached to the N26 Black Account.</p> <p>For Mobile Phone Theft and Extended Warranty Insurance cover will apply only if the N26 Black Account or its attached payment card(s) is used to entirely pay for the purchase of the insured mobile phone or appliances. If the appliance is partly paid with the Rewards & Loyalty Program, insurance cover will only apply to the amount of the appliance paid with the N26 Black Account or its attached payment card(s) after applying the Deductible.</p> <p>If an Account holder holds more than one N26 Black Account or more than one card attached to the N26 Black Account, insurance benefits will only apply once per Account holder.</p>
Special obligations (§ 6, No. 4):	The Beneficiary must provide suitable evidence that the Trip has in fact been a personal Trip
Luggage-Delay Insurance:	
Insurance Sum (§ 1):	<p>€ 100 per started delayed hour starting from the delay of the Beneficiary's checked luggage of more than 6 hours in relation to the arrival time of the Insured at the airport or the railway station Abroad up to maximum € 400 per Trip independent of the number of Beneficiaries.</p> <p>The cover ends on the date of the return from the insured Trip to the airport or railway station in his Country of Residence.</p>
Deductible (§ 6):	No Deductible applies.

Flight Delay Insurance	
Insurance Sum (§ 1):	€ 100 per started delayed hour starting from the delay of more than 4 hours of the flight up to maximum € 400 per Trip independent of the number of Beneficiaries . The flight delay of more than 4 hours is assessed in relation to the initial departure time indicated on the Beneficiary's transport document.
Deductible (§ 6):	No Deductible applies.
Travel Cancellation Insurance	
Insurance Sum (§ 1):	Maximum € 5,000 per Trip
Deductible (§ 5):	A Deductible applies of: <ul style="list-style-type: none"> • 10 % of the Trip Value for Death / Accident / Hospitalisation • 20 % of the Trip Value for other causes than above With a minimum Deductible of € 25 for all causes
Travel Curtailment Insurance & Early Return	
Insurance Sum (§ 1, No. 1):	Maximum € 5,000 per Trip
Deductible (§ 5):	A Deductible applies of: <ul style="list-style-type: none"> • 10 % of the Trip Value for Death / Accident / Hospitalisation • 20 % of the Trip Value for other causes than above With a minimum Deductible of € 25 for all causes
Foreign Medical Expenses	
Amount of reimbursement: (§ 1, § 2 and § 3):	Cost for medical expense without limit
Deductible (§ 6):	No Deductible applies.
Patient Repatriation Transportation	
Amount of reimbursement: (§ 1 and § 2):	Cost for medical return flight trip or repatriation of the deceased's body to the Country of Residence of the Beneficiary , and cover the costs of transportation to the place of burial and the conservation of the corps treatments without limit. Alternatively, should the Beneficiary's relatives choose for burial at the place of death Abroad , the burial cost will be limited to € 2,500
Deductible (§ 5):	No Deductible applies.
Medical Assistance	
Service provided (§ 1):	Provides the 24/7 Assistance line should a covered event occurs during your Trip .
Deductible (§ 6):	No Deductible applies.
Travel Accident Insurance	
Insurance sum death (§ 3):	€ 25,000
Insurance sum invalidity (§ 4):	€ 25,000 Applies only for total and permanent invalidity.
Deductible (§ 2 No. 7):	No Deductible applies.
ATM Cash Mugging Insurance	
Subject of insurance (§ 1):	If the Beneficiary is assaulted and the cash which the Beneficiary has withdrawn from an ATM with the card attached to the N26 Black Account is taken from the Beneficiary within 4 hours of the withdrawal, the Insurer will reimburse the amount that had been withdrawn up to € 500 (account statement) per insurance claim. Maximum of 2 claims per year.
Deductible (§ 5):	No Deductible applies.
Mobile telephone theft insurance	
Insurance sum (§ 4):	Insured sum in case of theft per covered mobile phone maximum € 300 per insurance claim. Maximum 2 claims per year.
Deductible (§ 6):	€ 50 per insurance claim
Extended Warranty	
Insurance sum (§ 4):	Insured sum per covered appliance maximum € 500 per insurance claim Maximum 2 claims per year.
Deductible (§ 6):	€ 50 per insurance claim.

Terms and Conditions of Insurance

General Provisions

(AVB AB E 14 OB)

The following rules under §§ 1 to 11 apply to all insurances for the **Beneficiaries** through the policy holder's **N26 Black Account** with its attached payment card(s).

The **Policy Holder** N26 has concluded a master insurance contract with AWP P&C S.A. - Dutch Branch, trading as Allianz Global Assistance Europe, Poeldijkstraat, 4, 1059 VM Amsterdam, the Netherlands with comprehensive insurance cover for the **Beneficiaries** on the basis of the terms and conditions described below. The premium for these insurance policies is paid by the **Policy Holder** to the **Insurer**.

AWP P&C S.A. - German branch and AWP Service GmbH, both registered under Bahnhofstraße 16, 85609 Aschheim near Munich, Germany has been administered with the claims and assistance management for the German customers of the **Policy Holder**.

§ 1 Who is the Beneficiary?

The **Beneficiaries** are those persons referred to in the scope and coverage table. The **Beneficiary** is entitled to exercise the rights in the insurance contract directly. Should two or more account contracts have been concluded, insurance benefits may only be claimed once. The insurance benefits are not accumulative.

§ 2 What is the area covered by the insurance?

The area of validity for the individual insured parties is set out in the scope and coverage table.

§ 3 When does the insurance begin and end?

The **Beneficiary** will be covered from the time the **N26 Black Account** is opened or an existing N26 account is upgraded to a **N26 Black Account** and cover will end as soon as the termination of the **N26 Black Account** contract either by the **Account Holder** or the **Policy Holder** becomes effective or the **N26 Black Account** is downgraded to a N26 account..

§ 4 Is insurance cover conditional on the use of a N26 Black Account as a means of payment?

The insurance cover is conditional to the use of a **N26 Black Account** and its attached payment cards, **Frequent Traveler Program** or **Rewards & Loyalty Program** as a mean of payment as referred to in the scope and coverage table.

§ 5 In what case is no insurance cover provided?

- The following situations are not insured and are referred to in the Terms and Conditions as the "**§ 5 General Provisions**":
 - Damage caused by strikes, nuclear energy, confiscation and other actions by sovereign authorities as well as damage incurred in areas covered by a travel warning issued by the German Federal Foreign Office at the time this area was entered. Should a **Beneficiary** actually be in the area concerned at the time the travel warning is issued, insurance cover will end 14 days after publication of the warning; insurance cover will continue in spite of the travel warning should the end of the **Trip** be postponed for reasons for which the **Beneficiary** is not responsible;
 - Damage caused by war, civil war and warlike events. Insurance cover will still be provided however if the damage occurs within the first 14 days after the beginning of the events; insurance cover will however continue should the end of the **Trip** be postponed for reasons for which the **Beneficiary** is not responsible. Insurance cover however, will not be provided under any circumstances should the **Beneficiary** be in a country on whose territory, war or civil war, is already taking place or should an outbreak be foreseeable when entering the country. Damage as a result of active participation in war, civil war or warlike events is not insured;
 - Damage caused intentionally or deliberately by the **Beneficiary**;
 - Expeditions;
 - Damage caused indirectly or directly through the use of atomic, biological or chemical weapons materials;
 - Claims due to epidemics or pandemics;
 - Damage caused by natural disaster or an act of God, such as flood, hurricane, lightning or earthquake;
 - Damage due to seepage, pollution or contamination;
 - Losses due to financial collapse or default of any transport, tour or accommodation provider or any other service providers.
- No insurance cover will be provided in the event of economic, trade or financial sanctions or an embargo imposed by the European Union or the Federal Republic of Germany that are directly applicable to the contractual parties and that are contrary to insurance cover. This will also apply in the event of economic, trade or financial sanctions or an embargo imposed by the United States of America unless this is contrary to European or German law. The remaining provisions of the contract are not affected.
- No insurance cover will be provided if the **Beneficiary** acts illegally or breaks any government prohibition or regulation including visa requirements.

§ 6 What must the Beneficiary do under all circumstances in the event of a claim (Obligations)?

The **Beneficiary** is required to:

- Keep damage as low as possible and avoid unnecessary costs;
- Notify the **Insurer** of the damage immediately;
- Describe the incident that caused the damage and the amount of damage, give the **Insurer** a truthful account of all relevant information and allow the **Insurer** to make a reasonable check on the cause and the amount of the claim lodged. The **Beneficiary** is required to submit the original invoices and other documents as proof and, should this be necessary, release doctors – including doctors provided by the Assistance – from their confidentiality to the extent that knowledge of this information is necessary in order to assess the obligation to provide benefits and the scope of these benefits. The **Insurer** will not be required to provide benefits should it not be able to establish the amount and the scope of its obligation because the **Beneficiary** refuses to release the doctor from his obligation to confidentiality and not enable the **Insurer** to determine its obligation in any other way;
- Provide suitable evidence of the nature of the **Trip** in accordance with the scope and coverage table;
- Provide suitable evidence of the start date of the **Trip**;
- Provide evidence of the validity of the **N26 Black Account** and the payment of the **Trip / Insured Device / eligible products** with the **N26 Black Account** and attached payment cards, **Frequent Traveler Program** or **Rewards & Loyalty Program** as defined in the scope and coverage table.

§ 7 When does the Insurer pay compensation?

Provided that the **Insurer** has established its obligation to pay and the amount of the benefit, compensation will be paid within two weeks. Payment will be made solely by transfer into a bank account.

§ 8 What happens should the Beneficiary have claims for damages against third parties?

1. In accordance with the provisions of the law, claims for damages against third parties are transferred to the **Insurer** up to the amount of the payment made, provided that the **Beneficiary** does not incur any disadvantage as a result.
2. Subject to this limitation, the **Beneficiary** is required to confirm the transfer of rights in writing, should the **Insurer** request this.
3. Obligations by other insurers or social insurance institutions to pay benefits have priority over the **Insurer** obligation to indemnify. The **Insurer** will be obliged to pay in advance, provided claims are initially made against it through the submission of original invoices.

§ 9 When does the Beneficiary lose the right to claim insurance benefits due to a breach of obligations and the statute of limitations?

1. If an obligation is intentionally violated, the **Insurer** is released from its obligation to indemnify; in case of grossly negligent violation, the **Insurer** is entitled to reduce its payment in proportion to the degree of fault of the **Beneficiary**.
2. The **Beneficiary** must furnish proof that no gross negligence was involved. Except in case of fraudulent intent, the **Insurer** is obliged to indemnify, if the **Beneficiary** furnishes proof that the violation of the obligation is not the cause of either the occurrence or the determination or the scope of the **Insurer's** obligation to indemnify.
3. The claim to an insurance benefit lapses in three years, calculated from the end of the year in which the claim occurred and the **Beneficiary** obtained knowledge of the circumstances in order to assert the claim, or would have obtained knowledge without gross negligence.

§ 10 What happens in case of attempted fraud by the Beneficiary?

If the **Beneficiary** tries to mislead the **Insurer** concerning circumstances, which are significant for cause and / or amount of the indemnification, the **Insurer** will ask the **Policy holder** to terminate the **N26 Black Account** of the **Account Holder**.

§ 11 What is the stipulated form for the submission of declarations of intent?

1. Notices and declarations of intent by the **Beneficiary** and the **Insurer** must be in text form (e.g. by letter, fax or E-mail).
2. Insurance brokers are not authorised to accept such documents.

§ 12 Which court in Germany is responsible for the assertion of claims under the insurance contract? Which law is applicable?

1. At the **Beneficiary's** option, the place of jurisdiction is Munich or the place in Germany in which the **Beneficiary** has his permanent residence or his habitual place of abode at the time the suit is filed.
2. The contractual relationship is subject to German law unless this contradicts international law.

Luggage-Delay Insurance

(AVB RG E 14 OB)

§ 1 What is insured?

Insured are additional expenses due to delayed checked luggage at the airport or the railway station **Abroad**. The reimbursement is not directly linked to the **Beneficiary's** actual purchase while waiting for his baggage to arrive but is a forfeit per started waiting hour.

§ 2 When is insurance cover provided?

If checked luggage arrives with more than 6 hours delay in relation to the arrival time of the **Beneficiary** at the airport or the railway station **Abroad**. The cover ends on the date of the return from the **Trip** to the airport or railway station.

§ 3 What limitations on insurance cover must be considered?

No cover is provided under the limitations stipulated in the **§ 5 General Provisions** and in the scope and coverage table.

§ 4 What compensation does the Insurer provide?

In the event of an insured claim, the **Insurer** provides compensation per each started hour of delay, starting at the minimum delayed period based on the scope and coverage table, up to the maximum amount stated in the scope and coverage table regardless of the number of **Beneficiaries**.

§ 5 What must the Beneficiary do under all circumstances in the event of a claim (obligations)?

For the benefit to apply, as soon as the **Beneficiary** has knowledge that his or her baggage is delayed, he or she must report such delay to the competent and authorized airline or railway company employee.

The **Beneficiary** must obtain the delayed baggage remittance slip from the railway company, the airline, or the service provider in question.

§ 6 Which Deductible is the Beneficiary required to pay?

In the event of a claim, the **Beneficiary** will pay the **Deductible** agreed in the scope and coverage table.

Flight Delay insurance

(AVB FV E 14 OB)

§ 1 What is insured?

The **Insurer** reimburses the expenses of the **Beneficiary** which are incurred due to a booked flight not being handled according to schedule. Flights are insured which are carried out with a state approved and registered airline based on a generally accessible timetable published at airports on display boards showing set times.

The reimbursement is not directly linked to your actual purchase while waiting for your flight to arrive but is a forfeit per started waiting hour.

§ 2 When is insurance cover provided?

If the flight departs after more than 4 hours in relation to the initial departure time indicated on the **Beneficiary's** transport document, the benefit applies provided that the flight confirmation formalities were completed within the time required by the organizer of the **Trip**. The departure times, connecting flights, and destinations are those appearing on the ticket of the **Beneficiary**.

§ 3 What limitations on insurance cover must be considered?

In addition to the risks listed in § 5 General Provisions and the terms stipulated in the scope and coverage table, no cover exists in the following cases:

- If the booked flight is cancelled;
- If the carriage of the **Beneficiary** is refused as a result of the flight being overbooked;
- If the booked connecting flight is missed due to the late arrival of the preceding flight.

§ 4 What compensation does the Insurer provide?

In the event of an insured claim, the **Insurer** provides compensation per each started hour of delay, starting at the minimum delayed period based on the scope and coverage table, up to the maximum amount stated in the scope and coverage table regardless of the number of **Beneficiaries**.

§ 5 What must the Beneficiary do under all circumstances in the event of a claim (obligations)?

For the benefit to apply, as soon as the Beneficiary has knowledge that his or her flight is delayed, he or she must i) notify the airline company in order to ii) obtain an attestation from the airline company that the flight is delayed.

§ 6 Which Deductible is the Beneficiary required to pay?

In the event of a claim, the **Beneficiary** will pay the **Deductible** agreed in the scope and coverage table.

Travel Cancellation Insurance

(AVB RR E 14 OB)

§ 1 What is insured if travel is cancelled prior to commencement?

If travel is cancelled following an event that is covered under the insurance prior to commencement of journey, the cancellation costs owed under the contract for the travel arrangements are insured. Costs are reimbursed up to the amount stated in the scope and coverage table of the cancellation costs minus the applicable **Deductible** owed and payable if the **Trip** had been cancelled immediately, i.e. immediately after the occurrence of the insured event.

§ 2 Under what conditions does the Insurer reimburse cancellation costs?

Insurance cover will apply if the **Beneficiary** cannot reasonably be expected to make the scheduled **Trip** because he himself or a **Person at Risk** is affected by one of the following covered events:

- Death;
- Severe injury following an **Accident**;
- **Unexpected serious illness**.

Insurance cover will apply if any **Beneficiary** cannot reasonably be expected to make the scheduled **Trip** because he is affected by one of the following covered events:

- Inoculation incompatibility
- Damage to property occurring 10 days prior to the departure of the covered **Trip** due to fire, explosion, storm, lightning, flood, earthquake, burst water pipe or an intentional criminal act of a third party, insofar as the damage is substantial or the presence is necessary to resolve the case. Damage is considered substantial if the claim exceeds € 2,500.
- Loss of job due to an unexpected termination of employment by the employer.

§ 3 What limitations on insurance cover are to be noted?

No cover is provided in the following cases:

1. For risks listed in § 5 General Provisions and the terms stipulated in the scope and coverage table;
2. Charges, e.g. processing and service fees, which the travel agent charges only as a result of cancellation of travel, for charges or the loss of the rights of use in case of a time-sharing arrangement;
3. Events which could be anticipated at the time of booking travel, or upon conclusion of contract;
4. Insofar as, according to the circumstances, the illness occurred as a mental reaction to a terrorist act, an aviation accident, a natural catastrophe or due to fear of riot and civil commotion, acts of war or terrorist acts;
5. Mental illness and any addictions and its consequences;
6. Commitment of or attempted suicide, intentional self-harm;
7. The claim is in respect of travel booked or undertaken against the advice of any medical adviser;
8. The claim arises directly or indirectly from any terminal illness that was diagnosed prior the booking of the **Trip**;
9. The claim is for additional expenses or fees arising from errors or omissions in your booking arrangements.

§ 4 When must the Beneficiary cancel the Trip (obligation)? What other duties and obligations does the Beneficiary have to note?

The **Beneficiary** is obliged to do the following:

1. Cancel the **Trip** immediately after occurrence of the insured cancellation event in order to keep cancellation costs to a minimum;
2. Submit to the **Insurer** proof of validity of the **N26 Black Account** and payment of the **Trip** with the **N26 Black Account** and attached payment cards, **Frequent Traveler Program** or **Rewards & Loyalty Program** as defined in the scope and coverage table;
3. Submit to the **Insurer** the booking documents together with the invoice for cancellation costs and proof of payment; if a property booking **Abroad** is cancelled, confirmation of re-letting by the landlord;
4. Obtain a medical certificate indicating the diagnosis and providing information on treatment, testifying to severe accidental injury, **unexpected serious illness** or inoculation incompatibility;
5. In the event of the loss of job, submit the notice of termination from the employer;
6. All other covered events by submitting suitable original documentation;
7. Submit any other documentation attesting the claim required by the **Insurer**.

§ 5 Which Deductible is the Beneficiary required to pay?

In the event of a claim, the **Trip** will pay the **Deductible** agreed in the scope and coverage table.

Travel Curtailment Insurance

(AVB RA E 14 OB)

§ 1 What is the object of the insurance?

1. Organisation of the return **Trip**:
Assistance will organise the return **Trip** on request should the **Beneficiary** have to terminate the **Trip** unexpectedly for a reason covered by the insurance.
2. Reimbursement of costs:
The **Insurer** will reimburse the following costs incurred up to the amount insured agreed in the scope and coverage table:
 - a) In the event of the unscheduled termination of the **Trip** for an insured reason, the proven additional costs of the return **Trip**, given the nature and the quality of the **Trip**, provided that the departure and return **Trips** are booked;
 - b) The part of the **Trip Value** for the booked and not yet used travel services **Abroad**;
3. The **Beneficiary** is required to make contact with the **Assistance** immediately should the **Trip** not be completed as planned. The **Beneficiary** is required to contribute to providing information and to prove that the continuation of the **Trip** as planned cannot be reasonably expected.

§ 2 The Insured is subject to what conditions when availing of benefits?

1. Insurance cover will apply, if the scheduled completion of the **Trip** cannot be reasonably expected because Beneficiary or a **Person at Risk** is affected by one of the following covered events:
 - Death;
 - Severe injury following an **Accident**;
 - **Unexpected serious illness**.
2. Insurance cover will apply if any **Beneficiary** cannot reasonably be expected to complete the scheduled **Trip** because Beneficiary is affected by one of the following covered events:
Damage to property due to fire, explosion, storm, lightning, flood, earthquake, burst water pipe or an intentional criminal act of a third party, insofar as the damage is substantial or the presence is necessary to resolve the case. Damage is considered substantial if the claim exceeds € 2,500.

§ 3 What limitations on insurance cover have to be considered?

No cover is provided in the following cases:

1. For risks listed in § 5 **General Provisions** and the terms stipulated in the scope and coverage table;
2. Charges, e.g. processing and service fees, which the travel agent charges only as a result of cancellation of travel, for charges or the loss of the rights of use in case of a time-sharing arrangement;
3. Events which could be anticipated at the time of booking travel or upon conclusion of contract;
4. According to the circumstances, the illness occurred as a mental reaction to a terrorist act, an aviation accident, a natural catastrophe or due to fear of riot and civil commotion, acts of war or terrorist acts;
5. Mental illness and any addictions and its consequences;
6. Commitment of or attempted suicide, intentional self-harm;
7. The claim is in respect of travel booked or undertaken against the advice of any medical adviser;
8. The claim arises directly or indirectly from any terminal illness that was diagnosed prior to the subscription to the **N26 Black Account** or the upgrade of an existing N26 account to a **N26 Black Account**;
9. The claim is for additional expenses or fees arising from errors or omissions in your booking arrangements.

§ 4 What does the Beneficiary have to do in the event of a claim? (obligations) What other obligations must the Beneficiary comply with?

The **Beneficiary** is obliged to do the following,

1. Submit to the **Insurer** proof of validity of the **N26 Black Account** and payment of the **Trip** with the **N26 Black Account** and attached payment cards, **Frequent Traveler Program** or **Rewards & Loyalty Program** as defined in the scope and coverage table;
2. Submit to the **Insurer** booking documents together with the invoices;
3. Furnish proof of additional return travel expenses or expenses incurred to catch up as well as unused travel services by presenting original receipts;
4. Obtain a medical certificate indicating the diagnosis and providing information on treatment, testifying of a covered **Accident**, **Unexpected serious illness** or inoculation incompatibility;
5. Prove all other insured events by submitting suitable original documentation (§ 6 AVB AB E OB);
6. Submit any other documentation attesting the claim required by the **Insurer**.

§ 6 Which Deductible is the Beneficiary required to pay?

In the event of a claim, the **Beneficiary** will pay the **Deductible** agreed in the scope and coverage table.

Foreign Medical Expenses

(AVB RK E 14 OB)

§ 1 What is insured?

The costs of treating acute illnesses and **Accidents** occurring whilst travelling **Abroad** are insured up to the amount agreed in the scope and coverage table.

§ 2 What costs will be reimbursed in the event of treatment Abroad?

1. The Insurer reimburses the costs of necessary medical treatment **Abroad**. This includes the costs of:
 - a) Outpatient treatment by a doctor;
 - b) Curative treatments (including x-ray diagnostics), pharmaceuticals and bandages/dressings as well as physical-medical services (prescribed by a doctor for the **Beneficiary**);
 - c) Inpatient treatment in a hospital including non-deferrable operations
 - d) Medically required transport of a sick person for inpatient treatment at the nearest hospital in a foreign country and return to the accommodation;
 - e) Medically required transport of a sick person for outpatient treatment at the nearest hospital in a foreign country and return to the accommodation; compensation is limited to € 200 per claim in case of transportation by taxi, provided that this transportation has been approved by the **Assistance**;
 - f) Emergency dental treatment to alleviate pain including simple fillings and repairs to dentures and temporary solutions as well as provisional replacement of teeth following an **Accident** up to an amount of € 250 per claim;

- g) The procurement of artificial limbs and heart pacemakers initially necessitated due to **Accidents** or acute illnesses occurring during the **Trip** and that serve the treatment of the consequences of an **Accident** or illness.
2. The **Insurer** reimburses the costs of medical treatment up to the day that the **Beneficiary** is considered fit to be transported.
3. If accompanying children under the age of 18 can no longer be taken care of, as a result of the death, severe injury following an **Accident** or acute illness of the **Beneficiary**, the **Assistance** will arrange for their return **Home**. The **Insurer** will pay the additional costs incurred compared to the originally planned return travel.
4. If a child, considered as a **Beneficiary** up to and including the age of 18 has to undergo inpatient hospital treatment, the **Insurer** will reimburse the costs for the accommodation of an accompanying person at the hospital.

§ 3 What additional services does the Insurer provide?

The **Assistance's** medical service will support the **Beneficiary** in finding medical treatment centres in the event of acute illness and **Accidents** during the **Trip**. Depending on the provisional telephone diagnosis, the nearest doctor or hospital offering appropriate medical standards in the particular case will be recommended.

Provided that the **Beneficiary** follows the recommendation made by the **Assistance**, the following additional service will be provided:

- Payment of proven necessary telephone costs up to € 100 per claim.

§ 4 What limitations on insurance cover should you be aware of?

1. In addition to the risks listed in **§5 General Provisions** and to the terms stipulated in the scope and coverage table, no cover is provided in the following cases:
 - a) Curative treatment and other medically prescribed measures that are a reason for the **Trip**;
 - b) Curative treatment and other medically prescribed measures, the necessity for which the **Beneficiary** was or must have been aware of given circumstances known to him before undertaking the **Trip** or at the time of subscribing to the **N26 Black Account** or the upgrade of an existing **N26** account to a **N26 Black Account**;
 - c) Dental treatment, beyond treatment to alleviate pain, repairs to dentures and temporary measures;
 - d) Massage and wellness treatment, fango and lymph drainage not medically prescribed for the **Beneficiary**, acupuncture treatment and the procurement of artificial limbs and medical aids not included under § 2;
 - e) Treatment of alcohol, drug and other addictions or of illnesses or **Accidents** caused by the use of alcohol, drugs or medicines and for attempted or successful suicide and its consequences;
 - f) Treatment or accommodation due to infirmity, the need for care or custody;
 - g) Psychoanalytical and psychotherapeutic treatment and hypnosis;
 - h) Treatment of injuries suffered as a result of active participation in competitive sporting events and the associated training should the purpose of participation be a source of income of any kind in order to secure a living (e.g. regular income, prize money, benefits from advertising or sponsorship contracts);
 - i) Claims in respect of **Trips** booked or undertaken against the advice of any medical adviser;
 - j) Claims arising directly or indirectly from any terminal illness that was diagnosed prior to the subscription to the **N26 Black Account** or the upgrade of an existing **N26** account to a **N26 Black Account**;
 - k) Treatment by spouses, lifetime partners, parents or children.
2. The **Insurer** will reduce the benefit to an appropriate amount should the curative treatment or any other measure exceed what is medically necessary. The fees and expenses charged may not exceed what is generally considered to be customary and reasonable in the country concerned. Otherwise, the **Insurer** will reduce reimbursement to the rates customary in the country.

§ 5 What must the Beneficiary do under all circumstances in the event of a claim (obligations)?

The **Beneficiary** is required,

1. In the event of inpatient treatment in a hospital, to make contact with the **Assistance** immediately before any extensive in or outpatient diagnostic or therapeutic measures are undertaken and before making any statements regarding payment;
2. To consent to be transported or to travel back to the **Country of Residence** if in a fit state to be transported should the **Assistance** approve a return depending on the type of illness and the patient's need for treatment;
3. To submit invoices to the **Insurer**, as originals or duplicates with an original stamp of receipt, for benefits granted by another insurer; these will become the **Insurer's** property;
4. Submit any other documentation attesting the claim required by the **Insurer**.

§ 6 Which Deductible is the Beneficiary required to pay?

In the event of a claim, the **Beneficiary** will pay the **Deductible** agreed in the scope and coverage table.

Patient Repatriation Transportation

(AVB RT E 14 OB)

§ 1 What is insured?

The insurance covers the following:

1. Patient transportation due to acute illness and **Accidents** occurring during a **Trip**;
2. Repatriation of mortal remains of the **Beneficiary** in the event of death.

§ 2 What costs does the Insurer reimburse in the event of patient repatriation transportation or repatriation of mortal remains?

The **Insurer** reimburses the following:

1. The costs incurred for the medically advisable and appropriate return transportation of the **Beneficiary** to the nearest suitable hospital to the **Beneficiary's** place of residence or to the residence of the **Beneficiary**;
2. The costs of an escort and, if necessary, a physician accompanying the **Beneficiary** if such an accompanying physician is medically necessary, ordered by the authorities or required by the transport company;
3. The direct costs for repatriation of the **Beneficiary's** mortal remains for burial or, alternatively, the direct costs for burial at the place of death **Abroad**, limited to € 2,500;
4. The costs for collecting the luggage from the place **Abroad** and returning it to the **Beneficiary's** residence.

§ 3 What limitations on cover are to be noted?

No cover is provided in the following cases:

1. for risks listed in § 5 General Provisions and the terms stipulated in the scope and coverage table;
2. Medical treatment and other measures ordered by a physician which are a reason for the **Trip**;
3. Medical treatment and other measures ordered by a physician which the **Beneficiary** knew to be necessary before commencement of travel or at the time of taking out insurance (opening of the **N26 Black Account** or the upgrade of an existing N26 account to a **N26 Black Account**) or which the insured person had to expect in the circumstances of which he or she was aware;
4. Alcoholism, drug addiction and other addictions as well as illnesses or **Accidents** caused solely or partly by the excessive consumption of alcohol or drug or medication abuse;
5. Injuries suffered whilst actively participating in sports competitions and training in connection therewith if through such participation any kind of income is to be generated to earn a living (e.g. regular income, prize money, payments from advertising or sponsorship contracts);
6. Suicide or attempted suicide and the consequences thereof;
7. The claim is in respect of travel booked or undertaken against the advice of any medical adviser;
8. Your claim arises directly or indirectly from any terminal illness that was diagnosed prior to the subscription to the **N26 Black Account** or the upgrade of an existing N26 account to a **N26 Black Account**.

§ 4 What are the duties and obligations of the Beneficiary in the event of damage or loss?

The Beneficiary is obliged to do the following:

1. Contact the **Assistance** immediately in the event of an acute illness or **Accident**;
2. Comply with the formalities and other requirements necessary for discharge from inpatient treatment and for leaving the country **Abroad**;
3. Provide the **Insurer** with all information required to organize and carry out return transportation.

§ 5 Which Deductible is the Beneficiary required to pay?

In the event of a claim, the **Beneficiary** will pay the **Deductible** agreed in the scope and coverage table.

Medical Assistance

(AVB GAS E 14 OB)

§ 1 What services does the Insurer provide under the Medical Assistance?

1. The Insurer provides **Assistance** and support to the **Beneficiary** during **Trips** in the event of any emergency defined below and will pay the costs at the amount stated in each case. The **Insurer** reserves the right to check coverage.
Services provided and any statements of insurance coverage made by the **Assistance** as well as the commissioning of service providers, do not in principle acknowledge the **Insurer's** obligation to indemnify based on the insurance contract with the **Beneficiary**.
2. The **Insurer** has contracted the **Assistance** to provide the **Beneficiaries** with the services named below on a 24-hour basis.
3. The **Beneficiaries** must immediately contact the **Assistance** in an emergency in order to use the services.
4. Insofar as the **Beneficiary** may be unable to claim the reimbursement of expenditures incurred from either the **Insurer** or from any other payer, the **Beneficiary** must return the amounts to the **Insurer** within one month of invoicing.

§ 2 What help does the Assistance provide in case of acute illness, Accident and death during travel?

1. Outpatient treatment when **Abroad**
Upon request, the **Assistance** will provide information on the possibilities of medical care and will provide the name of a German-speaking or English-speaking physician if possible. However, the Assistance is not obliged to make contact with the physician.
2. Inpatient treatment **Abroad**
In case of inpatient treatment of the Beneficiary at a hospital **Abroad**, the **Assistance** will provide the following benefits:
 - a) Support:
As needed, the **Assistance** will make contact through its contract physician with each **Beneficiary's** personal physician and to the hospital physicians handling the case; it will ensure that information is transmitted among the participating physicians. Upon request, the **Assistance** will inform relatives of the **Beneficiary**.
 - b) Hospital visits:
In the event of a life-threatening illness of the **Beneficiary** or in case of a period of **Hospitalisation** lasting longer than ten days, the Insurer will pay the travelling expenses of a person close to the **Beneficiary** to travel to the place where the hospital is located and back to his or her place of residence.
 - c) Cost assumption statement
In case of inpatient hospital treatment, the **Insurer** will provide the hospital with a statement of cost assumption. This statement does not imply that the **Insurer** acknowledges that it has a duty to indemnify. The **Insurer** will assume the task of carrying out settlement with the payer responsible, in the name of the **Beneficiary**. If no insurance cover is provided under the foreign medical expenses, a cost assumption statement will only be provided in return for adequate security (e.g. bank guarantee)..
3. Patient repatriation transportation
As soon as medically advisable and appropriate, the **Assistance** will organise return transportation using medically adequate means of transport (including air ambulances) to the closest suitable hospital to the **Beneficiary's** place of residence after prior consultation between the contract physician of the **Assistance** and the local physicians handling the case.

§ 3 What support does the Assistance provide to obtain any medication required during travel?

Where possible, the **Assistance** arranges the procurement of prescribed medication and its dispatch to the **Beneficiary**, in consultation with the **Beneficiary's** personal physician. The **Beneficiary** must reimburse the costs of such medication and its dispatch to the **Assistance** within one month after the completion of the **Trip**.

§ 4 What information does the Assistance provide?

General medical advice on travel destinations: Upon request by the **Beneficiary**, the **Assistance** will also provide information on:

- the general medical care available at the holiday destination;
- particular risks of infection at the holiday destination;
- the vaccinations required for the holiday destination;

- suitable destinations for particular syndromes.

§ 5 What limitations on insurance cover should you be aware of?

No cover is provided under the limitations stipulated in § 5 General Provisions and in the scope and coverage table.

§ 6 Which Deductible is the Beneficiary required to pay?

In the event of a claim, the **Beneficiary** will pay the **Deductible** agreed in the scope and coverage table.

Travel Accident Insurance

(AVB RU E 14 OB)

§ 1 What is insured?

The Insurer provides insurance benefits from the amount insured should an **Accident** during the **Trip** lead to the death or total and permanent invalidity of the **Beneficiary**.

§ 2 Under what circumstances is no insurance cover provided?

In addition to the risk listed under § 5 General Provisions and to the terms stipulated in the scope and coverage table, no cover is provided in the following cases:

1. **Accidents** caused by mental disturbances or impaired consciousness, strokes, cramp attacks that affect the whole body as well as pathological disturbances as a result of psychic reactions; this also applies should the condition be due to the influence of alcohol or drugs;
2. **Accidents** incurred by the **Beneficiary** whilst intentionally committing a crime;
3. **Accidents** incurred by the **Beneficiary** as pilot of an aeroplane (also hobby aircraft) as well as any other member of the crew of an aircraft;
4. Damage to health caused by healing measures and other surgical actions on the **Beneficiary's** body carried out with his consent, radiation, infections and poisoning unless these are due to the **Accident**;
5. Internal bleeding and cerebral haemorrhage unless the **Accident** suffered during the **Trip** is the predominant cause;
6. Pathological disturbances as a result of psychological reactions, irrespective of how they were caused;
7. The **Beneficiary** attempts or commits suicide, or any intentional self-harm **Accident**;
8. Serving in a country's armed forces;
9. Detained or arrested by any branch of recognized government.

§ 3 What benefits does the Insurer provide in the event of the Beneficiary's death?

Should the **Accident** lead to the **Beneficiary's** death within a period of one year, the **Insurer** will pay the heirs the sum insured agreed in the scope and coverage table.

§ 4 What benefits does the Insurer provide in the event of the Beneficiary's permanent invalidity?

Should the **Accident** lead to a permanent and total impairment of the **Beneficiary's** physical capacity (invalidity) the **Beneficiary** will be entitled to a claim from the amount insured for invalidity in accordance with the scope and coverage table.

1. Total and permanent invalidity must occur within a period of one year at the latest after the **Accident** and also be medically established and claimed within a further period of three months.
2. The sum insured is paid only for total and permanent disability, i.e. 100 % degree of invalidity.
3. Should the **Accident** affect a physical or mental function already subject to lasting impairment before the **Accident**, an appropriate deduction will be made to the extent of such previous disability
4. In case the **Beneficiary** has already been entitled to the invalidity benefit established in the scope and coverage table, he will no longer have right to claim for the death benefit of the scope and coverage table, even in case of the death of the **Beneficiary** as a direct consequence of the **Accident** which originally caused the total and permanent invalidity.
5. Should the **Beneficiary** die for reasons unrelated to the accident within a year or more than a year after the **Accident** and should he / she have been entitled to invalidity benefit, compensation will be paid in accordance with the information stipulated in the scope and coverage table.

§ 5 What restrictions are benefits subject to?

Should illness or ailments have contributed to an impairment of health or the consequences thereof caused by the **Accident**, the benefits payable will be reduced in proportion to the contributing factor of such illness or ailments, provided such factor is at least 25 %.

§ 6 What must be done after an accident has occurred (obligations)?

The **Beneficiary** is required,

1. To have themselves examined by doctors appointed by the **Insurer**; the **Insurer** will pay the necessary costs of the examination including any loss of earnings incurred as a result;
2. To release the doctor treating the **Beneficiary** or assessing his/her condition, other insurers and public authorities from the obligation to confidentiality.
3. Submit any other document attesting the claim required by the **Insurer**.

§ 7 When does the Insurer pay insurance benefits on account of total and permanent invalidity?

1. As soon as the **Insurer** has received the documents that must be submitted to prove the cause and the consequences of the **Accident** and on the conclusion of the healing procedures required in order to determine total and permanent invalidity, it is required to state within three months if it recognises a claim.
2. Should the **Insurer** acknowledge the claim, the insurance benefit will be paid within two weeks.
3. The **Insurer** is entitled to have the degree of invalidity re-assessed by a doctor every year for a maximum period of three years subsequent to the accident. This right must be exercised prior to the deadline.

§ 8 Which Deductible is the Beneficiary required to pay?

In the event of a claim, the **Beneficiary** will pay the **Deductible** agreed in the scope and coverage table.

ATM Cash Mugging Insurance

(AVB BS E 14 OB)

§ 1 What is insured?

Insurance cover is provided should cash withdrawn with a card attached to the **N26 Black Account** be lost as a result of an assault on the **Account Holder** within the timeframe and up to the amount stated in the scope and coverage table.

An assault is defined as any threat or physical violence committed by a third party with the intention of depriving the **Account Holder** of cash

§ 2 Subject to what conditions does the Insurer provide its benefits?

The cash will only be covered,

1. If stored in a safe and closed container (e.g. deposit) or if carried safely by the **Account Holder**
2. If proof is available that at least the stolen amount was withdrawn by the **Account Holder** with the **N26 Black Account** payment card

§ 3 What limitations on cover are to be noted?

No cover is provided in the following cases:

1. for risks listed in § 5 General Provisions and the terms stipulated in the scope and coverage table;
2. should the insured amount be left unattended, e.g. in clothes taken off or in a bag, suitcase or rucksack left unattended or handed in to the custody of a transport company;
3. should the insured amount having been forgotten, left lying, hanging or standing or mislaid;
4. should the **Beneficiary** have acted fraudulently
5. should the **Beneficiary** have not reported the loss due to criminal acts as soon as possible to the nearest responsible or accessible police station. Confirmation that the offence has been reported must be submitted to the **Insurer**.

§ 4 What must the Account Holder do under all circumstances in the event of a claim (obligations)?

The **Account Holder** must:

1. Report the loss due to criminal acts immediately to the nearest responsible or accessible police station. Confirmation that the offence has been reported must be submitted to the **Insurer**;
2. Prove that the lost amount was withdrawn from the **N26 Black Account** (account statement);
3. Provide any other document related to the claim that might be required by the **Insurer**.

§ 5 Which Deductible is the Account Holder required to pay?

In the event of a claim, the **Beneficiary** will pay the **Deductible** agreed in the scope and coverage table.

Mobile Telephone Theft Insurance

(AVB HV E 14 OB)

Those **Definitions** below are specific for Mobile Telephone Theft Insurance:

Current Value:

means the purchase value of the **Insured Device** less a 10 % reduction (on the purchase value) per started 6 months period since the purchase of the **Insured Device**.

Insured Device:

means the mobile telephone or smartphone (excluding any accessories or software) carried by the **Account Holder** and entirely paid with the **N26 Black Account** or its attached payment card(s) or partly with the **N26 Black Account** and the remaining amount with a **Rewards & Loyalty Program** as defined in the scope and coverage table.

§ 1 What is insured?

The **Insured Device** as referred in the **Definitions**.

§ 2 When is insurance cover provided?

Insurance cover is provided should the **Insured Device** be lost as a result of theft, burglary, robbery or looting while in the possession of the **Account Holder**. The **Insured Device** must have a mobile telephone contract in the **Account Holder's** name

§ 3 What restrictions on insurance cover must be considered?

1. No cover is provided in the following cases:
 - a) For risks listed in § 5 General Provisions and the terms stipulated in the scope and coverage table;
 - b) If the **Insured Device** is or was used for business purposes or others different from the personal usage;
 - c) Second hand devices older than 12 months even if it was acquired through the official brand's distributor or manufacturer;
 - d) Devices older than 24 months at the moment of the claim
 - e) Theft (excluding burglary and robbery) should the **Insured Device** be left unattended or in clothes taken off or in a bag, suitcase or rucksack left unattended or handed in to the custody of a transport company;
 - f) Claims caused through the **Insured Device** having been forgotten, left lying, hanging or standing or mislaid;
 - g) Theft of accessories;
 - h) Costs of software including the operating system, loss of data, external data media, subsequent additions, conversions and upgrades and any other kind of input equipment.
2. The **Insurer** does not compensate pecuniary damage, particularly not operator fees, financial penalties, compensation payments to third parties and loss of use of insured objects.

§ 4 What benefits does the Insurer provide?

Should the **Insured Device** be lost as a result of an insured event, the Insurer will reimburse the costs of a replacement at the **Current Value** of the **Insured Device** and limited to the amount agreed in the scope and coverage table in the form of cash or an equivalent mobile phone to the stolen one. The choice between reimbursement and the refurbishment will be done at the sole discretion of the Insurer.

§ 5 What must the Account Holder do under all circumstances in the event of a claim (obligations)?

1. The **Account Holder** is required to report damage due to criminal acts immediately to the nearest responsible or accessible police station and to have this confirmed. Confirmation that the offence has been reported must be submitted to the **Insurer**.
2. The **Account Holder** is required to produce proof of ownership of the **Insured Device** that has been lost (e.g. mobile telephone contract) and to prove that the purchase was done via the **N26 Black Account**, its attached payment card(s) or with a **Rewards & Loyalty Program** as defined in the scope and coverage table.
3. The **Account Holder** is required to submit any other document attesting the claim required by the Insurer.

§ 6 Which Deductible is the Account Holder required to pay?

In the event of a claim, the **Account Holder** will pay the **Deductible** agreed in the scope and coverage table

Extended Warranty

(AVB GV E 14 OB)

§ 1 What is insured?

For new appliances with a manufacturer guarantee of maximum 60 months, the warranty is extended by the same period with a maximum of 12 months of extension.

The warranty extension provided by the **Insurer** follows on immediately from the manufacturer's guarantee. An extension by the **Insurer** is not possible, should the warranty not be provided by the manufacturer but by some other individual or legal entity (e.g. dealer or importer). The warranty for second hand products will also not be extended.

Cover is provided for equipment listed in the **Eligible products** list below provided that the equipment:

- Is new and unchanged at the time of purchase;
- Due to its nature, is generally intended for private use and is also used principally for this purpose;
- Was purchased for the account of the **Account Holder** in his **Country of Residence**;
- Is sold with a serial number;
- Was entirely paid for in a transaction with the **N26 Black Account** partially paid with the **N26 Black Account** and the remaining cost is paid with the **Rewards & Loyalty Program** of the retailer.

Eligible products are:

White goods: Large and small sized domestic appliances such as, but not limited to: Refrigerators, Dishwashers, Irons, Vacuums, Espresso machines

Brown goods: Vision and Audio products such as, but not limited to: Televisions, Hi Fi Systems, Blue Ray Players/Recorders, and Projectors

Grey goods: Only Telecommunications and Multimedia Products such as, but not limited to: Computers (desktop / tower and monitor), Laptops, Ipad / Tablets, Printers, and Scanners.

§ 2 When is insurance cover provided?

The cover is provided throughout the extension period:

1. The extension period is for 12 months for **Eligible products** with an original manufacturer warranty between 12 months and 60 months.
2. For **Eligible products** with an original manufacturer warranty less than 12 months, the extension warranty will start at the end of the original manufacturer warranty and last for a duration equal to the original manufacturer warranty.
3. In the case of extended warranty, insurance cover begins on the day on which the legally stipulated guarantee or warranty period expires and ends at the end of the extension period.
4. For damages to **Eligible products** that can be proved to be due to material or manufacturing defects on the part of the producer and that appears within the extension period.

§ 3 What objects cannot be covered and what limitations on insurance cover must be considered?

No cover is provided in the following cases:

- a) Damages caused due to risks listed in § 5 General Provisions and to the terms stipulated in the scope and coverage table;
- b) Reduction in value and pecuniary damage;
- c) Damage due to use or wear and tear;
- d) Damage for which a third party is contractually liable as manufacturer, seller or as one who has fulfilled a repair order;
- e) Superficial damage, scratches, fading or cosmetic defects;
- f) Used goods;
- g) Goods that were acquired through fraudulent or unauthorised use of the **N26 Black Account** or its attached payment card(s);
- h) Costs of installation, maintenance, setting or adjustment;
- i) Software;
- j) Cleaning costs (e.g. for washing machine and dishwasher filters, detergent drawers);
- k) Costs of damage caused by failure to observe operating instructions (e.g. in the course of commissioning, maintenance, installation);
- l) Cost of removing blockages (excluded from this are blockages in the cooling system of refrigerating equipment);
- m) Installation and dismantling costs (e.g. under the table equipment);
- n) Damage resulting from corrosion and its consequences;
- o) Operating and servicing costs;
- p) Auxiliary and operating materials (e.g. fuel, filter materials and cartridges, cooling, cleaning and lubricating agents such as oil);
- q) Tools of any kind (e.g. drills, knives, saw blades, cogs, cutting and sanding discs);
- r) Other parts that empirically have to be exchanged frequently during the useful lives of the insured equipment (e.g. bulbs, batteries, fuses);

- s) Damage covered by the manufacturer's product liability or a product recall;
- t) Smartphones / Mobile phones;
- u) Design, manufacturing or other faults which are the subject of a recall by the manufacturer, also known as epidemic or pandemic recalls; faults caused by Third Party Software;
- v) Eligible products not installed or operated in accordance with manufacturer's instructions;
- w) Gadgets of the **Eligible product**.

§ 4 What compensation does the Insurer provide?

The **Insurer** will reimburse repair costs or, should it not be economical to repair the **Eligible product**, i.e. should the repair costs exceed the cost of a new product of the same kind and quality, the costs of a replacement up to the amount agreed in the scope and coverage table.

§ 5 What must the Account Holder do under all circumstances in the event of a claim (obligations)?

1. The damaged goods must be kept and submitted to the Insurer at the **Account Holder's** own expense, should the **Insurer** demand this.
2. The following documents must be submitted to the **Insurer**:
 - a) Proof that payment was made with the **N26 Black Account** or its attached payment card(s) (account statement) or a **Rewards & Loyalty Program** as defined in the scope and coverage table;
 - b) Original warranty certificate and the warranty terms;
 - c) Estimate of cost of repair;
 - d) Submit any other document attesting the claim required by the **Insurer**.

§ 6 Which Deductible is the Account Holder required to pay?

In the event of a claim, the **Account Holder** will pay the **Deductible** agreed in the scope and coverage table.

Additional provisions applicable to all forms of insurance

How to make a complaint:

Our aim is to offer first-class benefits. It is also important for us to deal with your concerns. Please let us know directly should you not be satisfied with our products or services.

You can send us your complaints on contractual matters or concerning claims by every method of communication. You can reach us by phone at +49.89.6 24 24-460, by E-mail at service@allianz-assistance.de or by post at AWP P&C S.A., Niederlassung für Deutschland, Beschwerdemanagement, Bahnhofstraße 16, D - 85609 Aschheim near Munich. You will find more detailed information on our complaints procedure under www.allianz-reiseversicherung.de/beschwerde.

You can also address complaints on all types of insurance to the responsible German regulatory agency: Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin), Graurheindorfer Straße 108, D - 53117 Bonn (www.bafin.de).

The contractual relationship is subject to German law unless this contradicts international law. The **Policy Holder** or persons insured may pursue claims arising from the insurance contract with the court responsible for the insurer's office. Should the **Policy Holder** or **Beneficiaries** be a natural person, claims may also be pursued before the court in the area in which the **Beneficiary** has his permanent residence or, in the absence of a permanent residence, has his habitual place of abode at the time the complaint is lodged.

Data protection:

As required by the Data Protection Law, we inform you that, in the event of a claim, personal data required in order to fulfill the insurance contract data will be recorded and processed. Information might be sought from other insurers and enquiries from other insurers answered in order to check the application or the claim. Information will also be transmitted to the re-insurer as well as to the appointed claims and assistance providers or any companies used for the provision of the services. You will be provided with the address of the respective recipient of the data on request.

Recording, processing and use of health data and forwarding data to other bodies:

The declarations of consent required to carry out or terminate your insurance contract were submitted at the time the contract was concluded. You will find explanations and information on data processing at the end of the terms and conditions.

General information in the event of a claim

What must be done in the event of a claim?

The **Beneficiary** is required to keep the damage as low as possible and to provide evidence. Be sure therefore under all circumstances, to keep appropriate evidence on how the damage occurred (e.g. confirmation of damage, attest) and on the extent of the damage (e.g. invoices, supporting documents).

What must you be aware of in the event of claims under the Luggage Delay Insurance?

If your luggage is lost or delayed during transport, please notify the carrier immediately and ask for a written confirmation. The confirmation will be needed for issuing the claim.

In addition, you will need proof that the **Trip** was entirely bought through the **N26 Black Account** or its attached payment card(s) (account statement) or with **Frequent Traveler Programs** as defined in the scope and coverage table.

What must you be aware of in the event of claims under the Flight Delay Insurance?

If your flight has been delayed, please notify the carrier immediately and ask for written confirmation. The confirmation will be needed for issuing the claim.

In addition, you will need proof that the **Trip** was entirely bought through the **N26 Black Account** or its attached payment card(s) (account statement) or with **Frequent Traveler Programs** as defined in the scope and coverage table..

What do you have to do if you are not sure if you can commence travel? (Travel Cancellation Insurance)

If taking part in travel is unreasonable or impossible due to an insured event (§ 2 AVB RR E OB) you must immediately cancel the travel and notify the **Insurer**.

N.B. If the cure or improvement hoped for does not set in after a serious illness or accidental injury and travel is cancelled later for this reason, the **Insurer** will not reimburse the higher cancellation costs which are incurred as a result. Therefore please contact the Insurer immediately after the occurrence of the illness or accidental injury. If you follow the recommendation given by the **Assistance** or the Service Team in your decision about whether to, and when to cancel travel, the insurance payment will not be reduced.

In case of an insured event, the **Insurer** will reimburse you the cancellation costs owed under the contract less the **Deductible** in accordance with the conditions.

For this purpose, the **Insurer** requires the following:

- Confirmation of travel specifying the services booked, the travelers and the price of travel;
- Receipt for the cancellation costs and proof of payment (in case of cancellation of a holiday apartment or any other property: confirmation of any re-letting by the landlord);
- Documentation of damage, e.g. in case of illness, accidental injury, inoculation incompatibility, a medical certificate (showing the date of birth, start of the illness and treatment and the diagnosis) – you can request a printed form for a medical certificate from the Insurer – and, if applicable, a sick note; in case of death, a death certificate; in case of loss of employment, the notice of termination from the employer stating the reasons for termination etc;
- In addition, you will need proof that the **Trip** was entirely bought through the **N26 Black Account** or its attached payment card(s) (account statement) or with **Frequent Traveler Programs** as defined in the scope and coverage table.

What do you have to note if you cannot complete your travel as scheduled? (Travel Curtailment Insurance)

If the scheduled completion of travel is unreasonable due to one of the insured events (§ 2 AVB RA E OB) please submit the following documents for the reimbursement of the costs § 1, No. 2 AVB RA E OB):

- Confirmation of travel specifying the services booked, the travelers and the price of travel;
- Receipts on additional return travel costs and the travel agency's bill for unused services;
- Documentation of damage, e.g. a medical certificate issued by the physician at the holiday location (showing the date of birth, start of the illness and treatment and the diagnosis) or confirmation by the police of an accident or similar;
- In addition, you will need proof that the **Trip** was entirely bought through the **N26 Black Account** or its attached payment card(s) (account statement) or with **Frequent Traveler Programs** as defined in the scope and coverage table.

How should you behave in the event of illness, injury or other emergencies during the Trip? (Foreign Medical Expenses, Medical-Assistance)

In the event of serious injuries or illnesses, particularly before admission to hospital, please apply immediately to the **Assistance** in order that adequate treatment can be ensured.

Please submit original invoices and/or prescriptions for the reimbursement of out-of-pocket expenses incurred locally.

Important:

The invoices must show the name of the person treated, the nature of the illness, the dates on which treatment took place and the individual medical services provided together with the appropriate costs. Prescriptions must contain information on the pharmaceuticals provided, the prices and the pharmacy's stamp.

In addition, you will need proof that the **Trip** was entirely bought through the **N26 Black Account** or its attached payment card(s) (account statement) or with **Frequent Traveler Programs** as defined in the scope and coverage table.

What should you consider when making claims under the Travel Accident Insurance?

Please make a note of the names and addresses of witnesses who saw the accident. Make sure you receive a copy of the police report should the police have been involved in investigations. Inform the **Insurer** and submit these documents and this information together with your claim report.

In addition, you will need proof that the **Trip** was entirely bought through the **N26 Black Account** or its attached payment card(s) (account statement) or with **Frequent Traveler Programs** as defined in the scope and coverage table.

What must you be aware of in the event of claims under ATM Cash Mugging Insurance?

In case of criminal offences, please immediately report this to the nearest police station. Ask for a copy of the police report or at least confirmation that an offence has been reported.

In addition, you will need proof that the cash was withdrawn from the **N26 Black Account** within the covered time frame (account statement).

What must you consider should your mobile telephone be stolen as a result of theft, burglary or looting? (Mobile Telephone Theft Insurance)

In the event of theft and other offences, please report the crime to the nearest accessible police station. Please ensure that you receive a copy of the police report or at least confirmation that the incident has been reported. Please also report the loss of the mobile telephone to the provider immediately so that the SIM card can be blocked.

In addition, you will need a proof that the phone was entirely bought through the **N26 Black Account** or its attached payment card(s) (account statement) or with **Rewards & Loyalty Programs** as defined in the scope and coverage table and a proof of ownership (e.g. mobile phone contract).

What should you bear in mind in the case of claims for extended warranty?

Manufacturing defects or existing defects or defects occurring during the warranty period must be reported to the seller or manufacturer

In the event of damage during the extension period following the expiry of the warranty that can be proven to be due to materials or manufacturing defects on the part of the producer, please submit the following documents to the **Insurer**:

- Original purchase receipt for the goods purchased;
- Proof of payment with the **N26 Black Account** or its attached payment card(s) or with **Rewards & Loyalty Programs** as defined in the scope and coverage table;
- Original warranty certificate and the warranty conditions;
- Cost estimate for the repair.

Please keep the damaged goods for purposes of evidence until the claim is finally settled.

Declarations and information on data processing

I. Consent to the collection of health information and declaration granting relief from confidentiality obligation.

The declarations granting consent and release from the confidentiality obligation printed under I were prepared on the basis of an agreement between the German Insurers (GDV) and the data protection authorities.

In case of claim, the German laws on insurance contracts, data protection and other data protection regulations do not provide an adequate legal basis for the recording, processing and use of health information by the insurer and the in Germany appointed claims handler AWP P&C S.A. – German branch (together referred to as “**Responsible Entities**” or “we”). For this reason, we require your consent in accordance with data protection law. In the event of an insurance claim, we might require release from the obligation to confidentiality in order to be able to obtain health information from bodies bound to confidentiality (e.g. doctors).

Moreover, we also need your release from the confidentiality obligation in order to be able to forward information on your health and other data protected by § 203 of the German Penal Code, such as for example the existence of a contract with you, your customer number or data on identification, to other bodies, e.g. the Assistance, logistics or IT service providers.

The following declarations of consent are indispensable in order to implement or terminate your insurance contract (processing your claim). Should you decline this declaration, it will generally not be possible to provide the insurance coverage.

The declarations concern the **Responsible Entities** handling information on your health and other data protected by the secrecy obligation (under 1), in connection with requests for information from third parties (under 2) and in forwarding it to bodies other than the **Responsibility Entities** (under 3).

The declarations also apply to persons also covered whom you legally represent, e.g. for your children, insofar as they not understand the significance of such consent and are therefore unable to submit declarations of their own.

1. Consent to recording, storing and using information about your health

I consent to the **Responsibility Entities**, recording, storing and using information on my health disclosed by me in future, provided that this is necessary in order to implement or terminate the insurance coverage.

2. Requests for health data from third parties in order to verify an obligation to provide benefits

In order to verify an obligation to provide benefits, it may be necessary that we verify information on the state of your health that you have provided in order to justify claims or that is derived from documents submitted (e.g. invoices, prescriptions, appraisals) or information from a doctor, for example, or some other member of a medical profession.

The checks will only be carried out if they are necessary. We require your consent for this purpose, including release from the obligation to confidentiality for ourselves and for these bodies should information or other information covered by the confidentiality obligation have to be provided.

We will inform you in each individual case of the persons or institutions requiring information and for what purpose. You may then decide in each case whether you consent to the **Responsible Entities** recording and using information on your health, whether to release the persons or institutions referred to and their employees from their obligation to confidentiality and whether information on your health may be transmitted to the **Responsible Entities** or whether you prefer to provide the required documents yourself.

3. Forwarding information on your health and other data covered by the confidentiality obligation to bodies outside the Responsible Entities

We bind the following bodies by contract to comply with the regulations governing data protection and data security.

3.1 Forwarding data for the purposes of medical assessment

It may be necessary to involve medical assessors in the examination of the obligation to provide benefits. We branch need your consent and release from the confidentiality obligation for this purpose if information on your health and other data protected by a confidentiality obligation is to be forwarded in this connection. You will be notified every time data is to be forwarded.

I consent to the **Responsible Entities** forwarding information on my health to medical assessors should this be necessary in order to verify the obligation to provide benefits in my case and to the data being used for this purpose and to the return of this data to the **Responsible Entities**. I release individuals and the assessors working for the **Responsible Entities** from their confidentiality obligation with regard to health information and other data protected by § 203 of the Penal Code.

3.2 Transfer of functions to other bodies (companies or individuals)

We do not always carry out certain functions itself that might entail re-cording, processing and using information about your health. We branch have therefore transferred these functions to other companies. Should information on your health protected by a confidentiality obligation be forwarded in such situations, we and, should this be necessary, these other bodies need your consent to release them from this obligation.

We maintain a list that is permanently updated of the bodies and types of body who, according to agreement, record, process or use data protected by the confidentiality obligation on our behalf. You can find the functions that have been transferred to the individual bodies in this list. The current list is attached directly to the declarations¹⁾ A current list may also be inspected on the Internet at www.allianz-reiseversicherung.de/datenverarbeitung or requested from AWP P&C S.A. – German branch (AWP P&C S.A., Niederlassung für Deutschland, Bahnhofstraße 16, D - 85609 Aschheim bei München, Phone +49.89.62424-460, service@allianz-assistance.de). We need your consent in order to forward information about your health and for its use by the bodies referred to in the list.

I consent to the **Responsible Entities** transmitting information on my health to the bodies in the list referred to above and that this data may be recorded, processed and used for the same purposes and to the same extent as is permitted to the **Responsible Entities**. Should this be required, I release the employees of the institutions appointed from their obligation to confidentiality in forwarding health information and other data protected by § 203 of the German Penal Code.

3.3 Forwarding information to re-insurers

In order to ensure fulfilment of your claims, the **Insurer** may conclude contracts with re-insurers who assume all or part of the risk that the **Insurer** has insured. In certain cases, re-insurers make use of the services of other re-insurers for this purpose to whom they also forward your information. In order to enable the re-insurer to verify that the **Responsible Entities** have correctly assessed an insurance case, it is possible that the **Responsible Entities** may be required to submit the documentation regarding your claim to the re-insurer.

Data on your existing insurance coverage may also be forwarded to re-insurers in order to settle accounts on insurance claims.

Wherever possible, anonymised or pseudo-anonymised data, but also personal health information, is used for the purposes referred to above.

The re-insurers only use this personal data for the purposes referred to above. We will notify you whenever information on your health is forwarded to re-insurers.

I consent to the **Responsible Entities** transferring information on my health to the bodies in the list referred to above and that these bodies may record, process and use this data for the same purposes and to the same extent as is permitted to the **Responsible Entities**. Should this be required, I release the employees of the institutions appointed from their obligation to confidentiality in forwarding health information and other data protected by § 203 of the German Penal Code.

Declarations by person(s) to be insured or by the legal representative of the person(s) to be insured:

I hereby submit on my own behalf and on behalf of the person(s) to be insured the declarations on data processing submitted by the applicant or those interested in insurance.

¹⁾ Allianz group companies (identified with *) and service providers who use personal information protected by the confidentiality obligation on behalf of the **Responsible Entities** and/or record, process or use health data:

- Mondial Kundenservice GmbH * (benefits processing)
- AWP Romania SA * (benefits processing)
- Allianz Handwerker Services GmbH * (technical services for companies in the Allianz Group)
- Allianz Managed Operations & Services SE * (shared services for companies in the Allianz Group)
- AWP Service Deutschland GmbH * (assistance services)
- rehacare GmbH *, company for medical and professional rehabilitation (rehabilitation services)
- PCI Holdings AG (technical services)
- MAWISTA GmbH (sales and customer-related services, telephone services)
- tricontes GmbH * (sales and customer-related services, telephone services)
- IMB Consult GmbH (support in preparing medical appraisals)
- ViaMed GmbH (medical consulting, support in preparing medical appraisals)
- Appraisers (medical and nursing appraisal work and preparation of appraisals)
- Nursing services and providers of medical equipment (procurement of nursing services and medical equipment providers)
- Patient repatriation transportation (medically advisable or necessary repatriation from abroad)

II. Forwarding of data to other insurers

According to the Law on Insurance Contracts (VVG), in the event of a claim, the **Beneficiary** is required to inform the insurer of all circumstances that are of importance in processing the claim. This might also include earlier illnesses and insurance cases or information on other similar insurances. In certain cases, such as double insurance, legal assignment of claims and loss allocation agreements, insurers are required to exchange personal information. Also, in order to prevent insurance abuse, it may be necessary to request information from other insurers or to provide appropriate information on request. In such situations, information is forwarded regarding the person concerned, such as name and address, nature of insurance cover and the risk or information on the damage (type and amount of damage and the date on which it occurred).