BEticketing - No Documents Required

GENERAL TERMS AND CONDITIONS

and Information Notice for the ticket cancellation insurance policy

Your race entry insurance, made simple.

80%	**48 hrs**	**€4,000**
of the ticket and options	after approval	maximum per event

Policy No. 10887 - Version applicable from 31/08/2026
Distributed by Assur Connect - ORIAS No. 10057229
Underwritten by Mutuaide Assistance

How to read this document

This document constitutes your insurance policy. It has been designed to be clear and easy to understand. It uses three main visual guides:

IN PLAIN ENGLISH

Blue boxes: these explain the more technical paragraphs in simple language. Read them first to understand the key points.

GOOD TO KNOW

Green boxes: these highlight a useful point or an advantage of your policy.

IMPORTANT

Orange boxes: these draw attention to an important point - a deadline, a significant exclusion or a risk of losing your rights.

This document supplements the Insurance Certificate provided when you enrolled. Together, they form your policy.

Your insurance in 1 minute

Here is an at-a-glance summary of the cover provided by BEticketing - No Documents Required.

Key point	Your cover
What is covered	A refund of 80% of the price of your race entry and paid options (provided they were included in the purchase basket) if you are unable to participate.
Refund timeframe	Within 48 business hours after your claim is automatically approved.
Supporting documents	No supporting documents are required when you submit your claim. A declaration on honour is sufficient. Supporting documents may be requested later as part of an anti-fraud check.
Price	Calculated as a percentage of the race entry price and any paid options. Included in the registration price.
Limit	Up to €4,000 refunded per event.
Claim notification deadline	Within 5 business days from the date you become aware that you will be unable to participate, and no later than 72 hours after the event date.
Where to submit a claim	On the dedicated BEticketing platform. The link and QR code are included in the Insurance Certificate emailed to you when you enrol.
What is not covered	Reasons already known to you when you enrol, personal convenience, cancellation of the event by the organiser, and the other exclusions set out in Article 4.

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Insurance Product Information Document (IPID)

Insurance product information document - Optional ticket cancellation insurance policy BEticketing - No Documents Required No. [to be assigned by Mutuaide].

Who are we?

Insurance company: Mutuaide Assistance, 126 rue de la Piazza, CS 20010 - 93196 Noisy-le-Grand CEDEX, France. Public limited company with share capital of €15,180,660, governed by the French Insurance Code and supervised by the French Prudential Supervision and Resolution Authority (ACPR), 4 Place de Budapest, CS 92459, 75436 Paris Cedex 09.

Distributing and administering broker: Assur Connect, registered with ORIAS under number 10057229 (verifiable at www.orias.fr).

IN PLAIN ENGLISH

Mutuaide is the insurer that bears the risk and pays refunds. Assur Connect is the broker that distributes the policy and manages your enrolment and refund claims. Both are supervised by the ACPR, the French authority responsible for supervising insurers.

What type of insurance is this?

BEticketing - No Documents Required is an optional group non-life insurance policy that does not require supporting documents when a claim is submitted. It is intended for participants in insured sporting events booked through partner ticketing platforms.

What is covered?

- ✓ A refund of 80% of the price of the Insured Ticket and any paid options following a claim by the Insured for any covered accidental cause that makes participation in the Event impossible, subject to the exclusions.
- ✓ No supporting documents are required when the initial claim is submitted. The claim is approved on the basis of a declaration on honour.
- ✓ Automatic refund within 48 business hours after the claim is approved.
- ✓ Policy limit: €4,000 per insured Event.

Are there any exclusions from cover?

The main reasons for refusing a refund are listed below (the full list appears in Article 4):

- ✗ Personal convenience and any circumstance affecting only personal enjoyment (the insurance principle of fortuity remains mandatory).
- ✗ Facts or circumstances already known to you when you enrolled that made your participation in the Event uncertain.
- ✗ Events, accidents or illnesses first diagnosed, treated or requiring hospitalisation before the date of registration or purchase of the insurance.
- ✗ Fraud, malicious conduct and false declarations.
- ✗ Data-entry errors (date, place, event or duplicate booking) and failure to present documents required to collect the ticket.
- ✗ Double registration for the same race or competition.
- ✗ Extreme weather conditions and cancellation of all or part of the Event by the organiser.
- ✗ Direct and indirect consequences of epidemics and pandemics, except a Serious Illness of the Insured declared within the 30 days preceding the Event.
- ✗ Travel restrictions imposed by authorities and public-health measures, including lockdown.
- ✗ War, attacks, terrorism, strikes and natural disasters.
- ✗ Cybercrime.
- ✗ Intentional acts and the consequences of intoxication or the use of narcotic substances.

Are there any restrictions on cover?

- A refund equal to 80% of the price of the Insured Ticket and any paid options (the remaining 20% is payable by you).
- If you register for an individual event, your claim may also cover your registered spouse, registered civil partner or accompanying child, to the exclusion of any other person.
- If you cancel or transfer your registration to another race or competition at the same Event, you lose your right to a refund.
- If the Event is cancelled, the insurance premium is non-refundable and is retained by the Insurer.

Where am I covered?

Worldwide, excluding the countries listed in Article 18 of the General Terms and Conditions.

What are my obligations?

- Enrol no later than 72 hours before the Event.
- Submit any refund claim through the dedicated platform within 5 business days from the date you become aware of the event giving rise to the claim, and no later than 72 hours after the Event date.
- Declare on your honour that the stated reason is truthful.
- If a subsequent anti-fraud check is carried out, provide any reasonably requested supporting documents within 45 days.
- If you request reactivation of your registration, the request must be made no later than 7 days before the Event date. It must also be approved by the organiser. If the organiser refuses, the reactivation request will be refused.

When and how do I pay?

The premium, equal to 17% of the price of the Insured Ticket and any paid options, is paid by you in full when you register and is included in the price paid to the Distributor.

When does cover begin and end?

Cover begins on the enrolment date, subject to actual payment of the premium, and ends when the Event cancellation period closes (subject to a maximum of one year).

How can I cancel the policy?

If the insured Event takes place less than 30 days after enrolment, you may not withdraw from the policy (Article L. 221-28 of the French Consumer Code and Article L. 112-2-1 of the French Insurance Code).

If the Event takes place more than 30 days after enrolment, you may withdraw within 14 calendar days after receiving the Insurance Certificate by sending an email with acknowledgement of receipt to reclamations@assur-connect.com.

How to read the Information Notice

The Information Notice describes your insurance policy in detail. It is divided into Articles 1 to 20, grouped under the following main topics:

Topic	Relevant articles
Terminology and purpose of the policy	Articles 1 to 3
What is excluded	Article 4
How to obtain a refund	Articles 5 to 6
Your rights and procedures	Articles 7 to 10
Policy terms	Articles 11 to 12
Fraud prevention and AI	Articles 13 to 14
Legal provisions	Articles 15 to 20

How to contact Assur Connect

- By email: beticketing@assur-connect.com
- By phone : +33 1 85 73 31 15 choice 1, from 9:30 a.m. to 6:30 p.m.
- For any complaint: reclamations@assur-connect.com

1. Definitions

Words beginning with a capital letter in this policy have the specific meanings set out below.

Accident — A fortuitous, unforeseen and sudden event. A sudden deterioration in health caused by the sudden action of an external cause that was not intentional on the part of the victim and was confirmed by a competent medical authority.

Insurer — Mutuaide Assistance, which bears the insured risk and pays refunds.

Insured — The person named in the Insurance Certificate, residing anywhere in the world and having purchased the Insured Ticket.

Declaration on Honour — The Insured's formal and express confirmation, collected through the dedicated platform, that the stated reason is truthful. Any false declaration may result in the consequences set out in Articles L. 113-8 and L. 113-9 of the French Insurance Code and may be reported under anti-fraud arrangements.

Insured Ticket — The ticket or right of entry relating to the Event or sporting event specified in the Insurance Certificate, with a maximum value of €4,000 per ticket and subject to the Policy Limit.

Insurance Certificate — The document serving as the Insurance Certificate and emailed when the policy is taken out.

Subsequent Anti-fraud Check — A procedure that allows the Insurer, after a refund or while a claim is being processed, to exceptionally request reliable supporting documents from the Insured where fraud is suspected, information is inconsistent, a random sample check is carried out or the Insurer makes a reasoned request.

Cybercrime — Any unauthorised use of or access to a computer network or computer code, any use of a virus or similar mechanism, or a denial-of-service attack.

Statement on Honour — See ‘Declaration on Honour’.

Event — The sporting or recreational event for which the Insured purchased an Insured Ticket.

Epidemic — An abnormally high incidence of an illness during a given period and in a given region.

Fraud — Deception, an act carried out in bad faith or any action intended to conceal the true facts.

War — Actual or threatened war, invasion, acts of foreign enemies, hostilities (whether declared or not), civil war, rebellion, revolution, insurrection, military seizure of power or usurpation of power.

Illness — An impairment of organs or bodily functions attributable to internal or external causes, producing symptoms and signs and resulting in functional disturbance or lesions. Depression and similar conditions are not considered an Illness under this policy. A cardiovascular event is considered an Illness, not an Accident.

Serious Illness — A sudden and unforeseeable deterioration in health confirmed by a competent medical authority.

Free-text Reason — Text entered by the Insured on the dedicated platform to describe why they are unable to participate in the Event. It forms the basis of the automated assessment of eligibility for a refund.

Pandemic — An Epidemic spreading across a wide area and beyond national borders, classified as a pandemic by the WHO and/or the competent local public authorities in the country where the Claim occurred.

Refund — Payment by the Insurer to the Insured of 80% of the price of the Insured Ticket and any paid options specified in the Insurance Certificate, subject to the Policy Limit of €4,000.

Claim — Any circumstance reported by the Insured that makes participation in the insured Event impossible and gives rise to an entitlement to compensation under this Policy.

Third Party — Any individual or legal entity other than the Insured.

Territorial Scope — Worldwide, except for the countries expressly excluded in Article 18.

2. Purpose of the cover

This insurance provides a refund of 80% of the price of the Insured Ticket and any paid options following a claim by the Insured where the Insured is unable to participate in the insured Event for a covered reason, subject to the exclusions and restrictions set out in Articles 4 and 5.

IN PLAIN ENGLISH

In practical terms: if you cannot take part in your race because of an accidental and unforeseeable cause, you receive 80% of the amount paid for your race entry and options. You do not need to send a medical certificate or administrative documents.

Eligibility for cover is not conditional on producing supporting documents when the initial claim is submitted. On the dedicated platform, the Insured freely states the reason for being unable to participate and declares on their honour that the statement is truthful.

As an exception to the exclusion for 'the direct and indirect consequences of all epidemics and pandemics', Serious Illnesses (including a Serious Illness resulting from an Epidemic or Pandemic) declared within the 30 days preceding the Event date are covered.

Fortuity, a fundamental principle of insurance, remains mandatory. Any claim relating to an event that was already known or certain, or that is solely a matter of the Insured's personal convenience, is excluded from cover.

GOOD TO KNOW

Fortuity is the basis of all insurance: insurance covers a risk, not a certainty. If you already know when you enrol that you will not be able to participate, you cannot receive a refund.

3. Limits of cover

Limit	Details
Number of claims	One (1) Claim only per Event and per Insured during the period of cover.
Policy limit	€4,000 per Event.
Refund	80% of the price of the Insured Ticket and any paid options. The remaining 20% is payable by the Insured.
Non-refundable charges	**The premium paid and administration fees are non-refundable.**

IN PLAIN ENGLISH

You are covered for one inability to participate per Event, up to €4,000. You receive 80% of the registration price; the remaining 20% is not refunded. The insurance premium paid when you enrolled is also non-refundable.

IMPORTANT

If the Event is cancelled, the insurance premium is retained by the Insurer and will not be refunded.

4. Exclusions

The exclusions below are grouped by category for ease of reference. They apply to all claims, regardless of the Free-text Reason entered by the Insured.

IMPORTANT

Read this section carefully. Any refund claim relating to an excluded reason will be refused, even if you have made a declaration on honour. This is the main reason for refusal.

4.1 — Fortuity and pre-existing circumstances

- ✕ Any fact, event, Accident or Illness first diagnosed, treated, recurring or requiring hospitalisation before the date of registration or purchase of the insurance.
- ✕ Any claim relating to facts or circumstances already known to the Insured when enrolling, such that the Insured's ability to attend the Event associated with the Insured Ticket was already uncertain.
- ✕ Any circumstance affecting only personal enjoyment and any private journey made for personal convenience, as the principle of fortuity is mandatory in insurance.

4.2 — Fraud, false declarations and negligence

- ✕ A refund for an Insured Ticket for which the premium has not been paid.
- ✕ Fraud, malicious conduct or an intentional false declaration.
- ✕ Negligence by the Insured.
- ✕ Intentional acts and/or acts punishable by law, and the consequences of intoxication or the use of narcotic substances or non-prescribed medication.

4.3 — Health: specific exclusions

- ✕ Illnesses requiring psychiatric medication and/or psychotherapy (including clinical depression), unless they resulted in hospitalisation for more than 4 consecutive days.
- ✕ Cosmetic treatments, health cures, routine medical examinations for monitoring or observation, in vitro fertilisation and its consequences, and failure to obtain a vaccination.

4.4 — Errors and failure to present documents

- ✕ Failure, for any reason, to present any document required to collect the insured Ticket or Tickets.
- ✕ An error when selecting the ticket or entering the order (date, place, event or duplicate booking by the Insured or a Third Party).
- ✕ Double registration for the same race or competition.
- ✕ Inability to access the Event site because a medical certificate confirming no contraindication, a visa or a valid health/vaccination pass was not presented.

4.5 — External event / force majeure

- ✕ Cancellation of all or part of the Event by the organiser.
- ✕ Extreme weather conditions, or insufficient or excessive snowfall making access to the site difficult.

4.6 — Pandemics, authorities and disasters

- ✕ The direct and indirect consequences of any Epidemic or Pandemic, including postponement of an Event as a result of an Epidemic or Pandemic. By exception, Serious Illnesses (including those resulting from an Epidemic or Pandemic) declared within the 30 days preceding the Event are covered.
- ✕ Any inability or restriction on travel imposed by international or local authorities, and any public-health protection measure such as lockdown.
- ✕ War, civil war, riots, civil unrest, attacks, terrorist acts, strikes, lockouts, labour disputes, expropriations, withdrawals, decrees, natural disasters or nuclear energy.
- ✕ Pollution, the local public-health situation, natural disasters falling within French Law No. 82-600 of 13 July 1982, and weather or climatic events.

4.7 — Financial failure and cybercrime

- ✕ Bankruptcy, financial failure, insolvency or default by any person, business, company or entity.
- ✕ Cybercrime.

5. Refunds

5.1 — Refund amount

The amount refunded to the Insured is equal to 80% of the price of the Insured Ticket and any paid options, less any amounts refunded by the Event organiser and any bank transfer charges outside the SEPA area.

The refund is limited to €4,000 per Event.

The following are excluded from the refundable amount: administration fees, the insurance premium paid for enrolment in this policy and any amount already refunded by the Event organiser.

IN PLAIN ENGLISH

Example: for a race entry costing €100 with €25 of options, the insured amount is €125. If you are unable to participate, you receive 80% of €125, i.e. €100. The remaining €25 and the insurance premium are not refunded.

5.2 — Refund claim procedure

Any refund claim must be submitted by the Insured through the dedicated platform within 5 business days from the date the Insured becomes aware of the event giving rise to the claim, and no later than 72 hours after the Event date, except in the case of a fortuitous event or force majeure.

After this deadline, if the late notification causes loss or prejudice to the Insurer, the Insured forfeits all entitlement to compensation.

Refund claims submitted by email or post are not accepted.

A link and QR code for the dedicated platform are sent to the Insured when the insurance is purchased.

IMPORTANT

The 5-business-day period begins when you know that you will be unable to participate, not on the date of the Event itself. In all cases, you must submit the claim no later than 72 hours after the Event date. Do not delay: late notification may result in the loss of your right to a refund.

5.3 — Statement of the reason and declaration on honour

On the dedicated platform, the Insured states the reason for being unable to participate in a free-text field. The stated reason cannot subsequently be changed.

The Insured declares on their honour that the stated reason is truthful and that the information provided is accurate. This declaration is legally binding: any false declaration has the consequences set out in Article 17 (False Declarations) and may be reported under the arrangements for combating insurance fraud (see Article 13).

GOOD TO KNOW

A declaration on honour has the same legal force as a medical certificate: it is a formal commitment. However, it allows you to obtain a refund without providing sensitive administrative documents.

5.4 — Automatic approval and refund timeframe

Unless an exclusion is obvious or the claim is referred for manual review, the claim is automatically approved by the Insurer without supporting documents.

The Insured receives the covered amount within a maximum of 48 business hours after the claim is automatically approved, by bank transfer to the IBAN entered on the dedicated platform.

No refund claim submitted more than one year after the Event date will be accepted.

Once compensation has been paid, the Insured Tickets automatically become the property of the Insurer (Article L. 121-14 of the French Insurance Code).

5.5 — Subsequent anti-fraud check

The Insurer reserves the right to carry out an anti-fraud check after or during the processing of a refund claim. Such a check may be carried out in particular in the following cases:

- Random sampling as part of the policy's quality-control plan.
- Reasonable suspicion of fraud (inconsistent reason, multiple claims or previous history).
- An express request by the Insurer as part of its policy-monitoring obligations.
- A report from a Third Party or authority.

As part of this check, the Insurer may exceptionally ask the Insured to provide reasonably reliable supporting documents (medical certificate, confirmation, claim report, copy of an official document, etc.). The Insured then has 45 days to provide the requested documents.

If the documents are not provided within the specified period, or if a false declaration is established, the Insurer reserves the right to:

- cancel the refund claim and require repayment of any sums paid;
- declare the enrolment void in accordance with Article L. 113-8 of the French Insurance Code;
- report the Insured under the arrangements for combating insurance fraud.

IN PLAIN ENGLISH

To protect the balance of the policy and prevent abuse, your claim may be checked after you have received your refund. If selected, you will be asked to provide supporting documentation. Provided you have acted in good faith, this check will have no consequences for you.

5.6 — Restrictions on refunds

- If the Insured registered for an individual event, the Insured's claim may also cover their registered spouse, registered civil partner or accompanying child, to the exclusion of any other accompanying person.
- If the Insured cancels or transfers their registration to another sporting competition at the same Event, the right to a refund ends as soon as the transfer is made.
- If the Insured asks for their race entry to be reactivated, the request must first be approved by the organiser and must be made no later than 7 days before the Event date. If the organiser refuses, the reactivation request will automatically be refused.

6. Transfer of ownership of Insured Tickets

The insurance cannot be transferred if the ticket is assigned, whether free of charge or for payment.

If the Insured cancels or transfers their ticket to another sporting competition at the same Event, the right to a refund ends when the transfer is made.

Once compensation has been paid, the Insured Tickets automatically become the property of the Insurer (Article L. 121-14 of the French Insurance Code).

IN PLAIN ENGLISH

If you give your race entry to a friend or transfer it to another race, your insurance is no longer valid. Once you have received a refund, your race entry legally belongs to Mutuaide.

7. Complaints

A complaint is an oral or written expression of dissatisfaction with a professional. A request for a service, benefit, information or advice is not a complaint.

For any complaint concerning the insurance cover, the Insured may contact Assur Connect:

- By email: reclamations@assur-connect.com
- By post: Assur Connect, 4 Rue Caroline, 75017 Paris, France.

For a written complaint, an acknowledgement of receipt will be sent within a maximum of 10 business days. A written response will be provided within a maximum of two months from the date the complaint is sent.

If no satisfactory response is received, or if no response is received by the end of that period, the Insured may refer the matter to the French Insurance Ombudsman at www.mediation-assurance.org or by post (Médiation de l'Assurance, TSA 50110, 75441 Paris Cedex 09, France), without prejudice to the right to bring legal proceedings.

GOOD TO KNOW

The French Insurance Ombudsman is a free, independent and confidential service for individuals. You may refer the matter to the Ombudsman if you are dissatisfied with Assur Connect's response, without giving up your right to bring legal proceedings.

8. Personal data (GDPR)

The Insurer processes the Insured's personal data in accordance with personal-data protection legislation (the GDPR and the French Data Protection Act).

8.1 — Data collected under the no-documents-required process

BEticketing - No Documents Required follows a data-minimisation approach. The data collected is strictly limited to:

- The Insured's identity (surname, first name, email address and IBAN).
- Policy data (race entry number, Event, date, insured amount and premium paid).
- The Free-text Reason entered by the Insured when submitting the claim.
- The Declaration on Honour (timestamp, IP address and hash of the declaration) for evidential purposes.
- Payment data (IBAN only; the Insurer retains no bank-card data).

GOOD TO KNOW

Unlike conventional race-entry insurance, BEticketing - No Documents Required collects no medical data when you submit your claim. No certificate, hospital discharge form or prescription is required. This is a genuine improvement for your privacy.

8.2 — Health data

This policy does not require health data to be collected systematically. Health data may be collected only exceptionally, strictly as part of a Subsequent Anti-fraud Check (Article 5.5), on the legal basis of the Insured's explicit consent and/or performance of the policy. It is retained only for the time strictly necessary to investigate the check and is then deleted.

8.3 — Purposes, recipients and retention periods

- Purposes: entering into, administering and performing the Policy; combating insurance fraud; preventing money laundering and terrorist financing; and complying with legal and regulatory obligations.
- Recipients: the Insurer's departments responsible for the Policy; its delegated administrators and agents (including Assur Connect as administrator); partners, processors and reinsurers; courts, arbitrators, ombudsmen, government departments and supervisory authorities; experts, lawyers and officers of the court.
- Retention periods: the period required to perform the policy, followed by archiving for the applicable statutory limitation periods (5 years after the policy closes and 5 years after a fraud file closes). Free-text Reasons are anonymised after the contractual limitation period expires.

8.4 — Rights of the Insured

After providing proof of identity, the Insured has the right to access, rectify, erase, object to, restrict and port their data, and the right to give instructions concerning what should happen to the data after their death. These rights may be exercised by contacting Mutuaide's Data Protection Officer:

- By email: DRPO@MUTUAIDE.fr
- By post: Data Protection Officer - MUTUAIDE ASSISTANCE, 126 rue de la Piazza, CS 20010 - 93196 Noisy-le-Grand CEDEX, France.

If the disagreement persists, the Insured may lodge a complaint with the French Data Protection Authority (CNIL).

9. Right of withdrawal

If the insured Event takes place within 30 days after the date of enrolment in the policy, the Insured may not withdraw from the policy (Article L. 221-28 of the French Consumer Code and Article L. 112-2-1 of the French Insurance Code).

If the insured Event takes place more than 30 days after the enrolment date, the Insured may withdraw within 14 calendar days after receiving the Insurance Certificate by sending a withdrawal email with acknowledgement of receipt to reclamations@assur-connect.com.

IN PLAIN ENGLISH

If you register for a race taking place more than 30 days later, you have 14 days to change your mind and cancel your insurance. If the race takes place in less than 30 days, withdrawal is not possible because immediate cover has already begun. The withdrawal request must be sent to reclamations@assur-connect.com.

10. Subrogation

Mutuaide Assistance is subrogated, up to the amount of compensation paid and services provided by it, to the Beneficiary's rights and actions against any person responsible for the circumstances that led to its intervention. Where the benefits are covered in whole or in part by another company or institution, Mutuaide Assistance is subrogated to the Beneficiary's rights and actions against that company or institution.

IN PLAIN ENGLISH

Once you have received a refund, the Insurer takes your place, where applicable, in recovering money from a Third Party responsible for your inability to participate (for example, if a transport provider failed to provide the service).

11. Enrolment deadline

- No later than the registration closing date and, in all cases, no later than 72 hours before the Event.
- No earlier than the date on which the Insured Ticket goes on sale through an electronic ticketing platform.

12. Policy term

The policy is concluded for the period stated in the Insurance Certificate and takes effect on the stated date, subject to prior payment of the premium.

In all cases, cover ends when the Event cancellation period stated in the Insurance Certificate closes, subject to a maximum period of one year.

13. Combating insurance fraud

The Insurer operates a specific system for combating insurance fraud, adapted to the no-documents-required model of this policy. This system includes:

- Automatic risk scoring applied to each Free-text Reason submitted.
- Sampling of files for a Subsequent Anti-fraud Check (Article 5.5).
- Targeted checks where warning indicators are identified (multiple claims, shared IBAN or inconsistencies).

The Insured's personal data may be processed to combat fraud and may, where appropriate, result in the Insured being entered on a list of persons presenting a risk of fraud. Such entry may lengthen the assessment of the file and may result in the reduction or refusal of a right, benefit, policy or service offered.

If a fraud alert is raised, the data is retained for a maximum of 6 months to assess the alert and is then deleted unless the alert is found to be relevant. If the alert is relevant, the data is retained for up to 5 years after the fraud file is closed or until the end of legal proceedings and the applicable limitation periods.

For persons entered on a list of suspected fraudsters, their data is deleted 5 years after the date of entry.

GOOD TO KNOW

The anti-fraud system protects the balance of the policy. If you act in good faith, it has no impact on you. The vast majority of files are approved without any check.

14. Artificial intelligence-assisted processing

When administering your policy and refund claims, Assur Connect, in its capacity as administering broker, uses an artificial-intelligence-based decision-support tool supplied by an external technology partner acting as a processor within the meaning of the GDPR.

HOW AI IS USED

The artificial intelligence tool analyses the information in your claim to prepare a recommendation for the human administrator. It is used in three situations: checking your claim's eligibility under the General Terms and Conditions; detecting possible inconsistencies or indicators requiring further checks; and classifying claims according to their level of complexity.

14.1 — Role of artificial intelligence

The decision-support tool is used solely for preparatory purposes. It speeds up the processing of straightforward claims and prioritises files requiring particular attention. In particular, it analyses:

- The factual information in your claim (Free-text Reason, amount and Event date).
- The consistency of the information provided with the policy's General Terms and Conditions.
- Indicators that may require an anti-fraud check under Article 13.

14.2 — Human oversight

No decision producing significant effects for the Insured is made solely on the basis of automated processing. The final decision to approve, refer for manual review or refuse a refund claim is made under the oversight of an Assur Connect administrator or the Insurer, in accordance with Article 22 of the GDPR.

14.3 — Right to human review

In accordance with Article 22 of the GDPR and Article 47 of the French Data Protection Act, the Insured has the right at any time to:

- request human review of any decision relating to the refund claim, including a refusal;
- express their point of view and challenge the decision;
- obtain information about the underlying logic of the processing performed by the decision-support tool.

Requests may be sent to reclamations@assur-connect.com. A response will be provided within the time limits set out in Article 7 (Complaints).

14.4 — Governance and compliance

The decision-support tool is subject to a governance framework overseen by Assur Connect:

- regular monitoring of the quality and relevance of the recommendations produced by the tool;
- periodic audits to verify the absence of discriminatory bias;
- continuous updating of technical documentation and oversight procedures;
- a Data Protection Impact Assessment (DPIA), updated whenever the tool undergoes a major change.

These provisions are consistent with the position of the French Prudential Supervision and Resolution Authority (ACPR) on the governance of artificial intelligence algorithms in the financial sector and with the European Union Artificial Intelligence Act.

IN PLAIN ENGLISH

Artificial intelligence helps us process your claim more quickly, but it never decides alone. A human administrator validates every decision that has a significant impact on you (approval, review or refusal). You may always ask for a human to review your file by writing to reclamations@assur-connect.com.

15. Double insurance and multiple cover

If the same interest is insured with different insurers against the same risk, the rules established by local law (the law of the Insured's country of residence) apply. If there is no local rule, these terms apply only on a secondary basis.

In that situation, the Insured must notify the Insurer and provide the identity of the other insurer or insurers and the relevant policy number or numbers.

16. Limitation period

Under Article L. 114-1 of the French Insurance Code, any action arising from this policy is time-barred two years after the event giving rise to it. This period is extended to ten years for death benefits, and actions by beneficiaries are time-barred no later than thirty years after that event.

This period begins only:

- in the event of non-disclosure, omission or a false or inaccurate declaration concerning the risk, on the date the Insurer becomes aware of it;
- in the event of a Claim, on the date the parties concerned become aware of it, provided they prove that they were previously unaware of it.

The period may be interrupted by the ordinary grounds for interruption referred to in Articles 2240 et seq. of the French Civil Code, by the appointment of an expert following a Claim, or by sending a registered letter with acknowledgement of receipt.

IN PLAIN ENGLISH

You have 2 years to assert a right arising from this policy. After that period, the claim is time-barred and you can no longer take action.

17. False declarations

Given the central role of the Declaration on Honour under this policy, the Insured expressly acknowledges that:

- Any intentional non-disclosure or intentionally false declaration renders the policy void. Premiums paid are retained by the Insurer, which is entitled to demand payment of any premiums due, in accordance with Article L. 113-8 of the French Insurance Code.
- Any omission or inaccurate declaration where bad faith is not established results in termination of the policy 10 days after notice is sent by registered letter and/or a proportional reduction in compensation, in accordance with Article L. 113-9 of the French Insurance Code.
- The Declaration on Honour referred to in Article 5.3 is an integral part of the declaration of the risk and the Claim. Any false declaration is subject to the penalties set out above and may be reported and prosecuted as insurance fraud.

IMPORTANT

The Declaration on Honour is the cornerstone of this policy. A false declaration causes you to lose all your rights, requires you to repay any amount received and may result in your entry on a list of suspected fraudsters.

18. Territorial scope

Cover applies worldwide, excluding:

- countries at war;
- countries for which legitimate political authorities published and circulated advice against travel before the policy was taken out;
- the following countries: Afghanistan, Albania, Algeria, Angola, Azerbaijan, Bangladesh, Benin, Burundi, Cameroon, Republic of the Congo, North Korea, Côte d'Ivoire, Cuba, Djibouti, El Salvador, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guam, Guinea-Bissau, Haiti, Honduras, Iraq, Iran, Israel, Jordan, Kazakhstan, Kyrgyzstan, Kuwait, Lebanon, Liberia, Libya, Malawi, Mali, Mauritania, Myanmar, Nauru, Nepal, Nicaragua, Niger, Nigeria, Uganda, Pakistan, Palestine, Papua New Guinea, Paraguay, Central African Republic, Peru, Democratic Republic of the Congo, Rwanda, Sierra Leone, Somalia, Sudan, Swaziland, Syria, Tajikistan, Chad, Togo, Tonga, Turkmenistan, Ukraine, Uruguay, Venezuela, Yemen and Zimbabwe.

19. Dispute resolution

Any dispute between the Insurer and the Insured concerning the determination and payment of benefits will, if not resolved amicably, be submitted to the court having jurisdiction at the Beneficiary's place of residence, in accordance with Article R. 114-1 of the French Insurance Code.

Pre-contractual relations and this Information Notice are governed by French law. Any dispute arising from the performance or interpretation of the Information Notice falls within the jurisdiction of the French courts.

20. Supervisory authority

The authority responsible for supervising Mutuaide Assistance and Assur Connect is the French Prudential Supervision and Resolution Authority (ACPR), 4 place de Budapest, CS 92459 - 75436 Paris Cedex 09, France.

End of the General Terms and Conditions - Assur Connect - ORIAS No. 10057229 - Mutuaide Assistance, RCS Bobigny 383 974 086