



INFORMATION TO THE TRAVEL INSURANCE POLICYHOLDER

This document provides you with essential information about the Travel & Vacation product before you enter into a travel insurance contract. This is not promotional material. This information is required by law in order to help you understand this product and to help you compare it with other products.

BASIC INFORMATION ABOUT THE INSURER

Insurer: UNIQA osiguranje d.d.

Headquarters: Planinska 13 A, 10000 Zagreb

Phone: 01/6324 200, **Fax:** 01/6324 250

http://www.uniqua.hr, e-mail: info@uniqua.hr

Commercial Court in Zagreb: Company registration number 082097140

License to conduct business activities: UP/I-453-02/07-30/02

MS: 1446452, **PIN:** 75665455333

IBAN: HR1724840081100716564

If the product is distributed by the insurer, their employee earns a salary in accordance with the labour act and other applicable regulations. The insurer does not give advice on the insurance products sold.

BASIC CHARACTERISTICS OF THE PRODUCTS WITHIN TRAVEL INSURANCE

The travel insurance contract covers the voluntary health insurance of people during travel and stay abroad.

In addition, the following can be arranged:

- accident insurance
- luggage insurance
- travel cancellation or interruption insurance
- business trip cancellation insurance
- flight delay insurance
- private liability insurance.

During the travel and stay within the Republic of Croatia, it is possible to arrange accident insurance as well as some of the additional coverages listed above.

LAW APPLICABLE TO THE INSURANCE CONTRACT AND INSURANCE CONDITIONS

The legal basis for the requested insurance are the Terms and Conditions of Travel Insurance, which are an integral part of the insurance contract and which are delivered to the policyholder prior to the conclusion of the insurance contract. The law of the Republic of Croatia applies to the insurance contract.

APPLICABLE LAW FOR INSURANCE CONTRACTS WITH AN INTERNATIONAL ELEMENT

In the case of insurance contracts with an international element, in accordance with Regulation (EC) No 593/2008 of the European Parliament and of the Council, the Contracting Parties are empowered to choose, as the applicable law, the following:

- the law of the country in which the policyholder concluded the insurance contract;
- the law of the country in which the place of residence or habitual residence of the policyholder is located;

- the law of the country in which the habitual residence of the insured person is located.

The insurer proposes that the applicable law be chosen as the law of the country in which the policyholder concluded the insurance contract, i.e. the law of the country in which the place of residence or habitual residence of the policyholder is located, i.e. the law of the Republic of Croatia.

INTERNATIONAL RESTRICTIVE MEASURES – SANCTIONS

The insurer provides coverage only when it does not conflict with the applicable economic, trade or financial sanctions and/or embargoes of the United Nations (UN) Security Council, the European Union (EU) or the provisions of any national legislation applicable to the parties to the relevant contract.

The above also applies to economic, trade or financial sanctions and/or embargoes issued by the United States of America or other countries, if they are not in conflict with European or Croatian legislation.

THE PERIOD WITHIN WHICH THE POLICY IS BINDING FOR THE INSURANCE PROVIDER, THE RIGHT TO REVOKE THE POLICY FOR THE CONCLUSION AN INSURANCE CONTRACT AND THE RIGHT TO WITHDRAW FROM THE CONCLUDED INSURANCE CONTRACT

A written policy made to the insurer for the conclusion of an insurance contract shall be binding for the insurance provider, unless the insurer has specified a shorter period, within the period of eight days from the date the policy was received by the insurer. If the insurer does not reject a policy that does not deviate from its terms and conditions for the proposed insurance within that period, it shall be deemed that they have accepted the policy and that the contract has been concluded. In such a case, the contract shall be deemed to have been concluded when the policy was received by the insurer. The insurance provider has the right to revoke the policy for the conclusion of an insurance contract only if the insurer has received a revocation or a proposal for revocation prior to or simultaneously with the acceptance of the policy itself. The revocation shall be made in writing in order to be valid. The policyholder may withdraw from an insurance contract concluded outside business premises or concluded at a distance, without providing reasons therefor, within 14 working days from the date of conclusion of the contract, but not after the commencement of the insurance coverage or protection.

CONDITIONS FOR THE CESSATION AND TERMINATION OF THE CONTRACT

The insurance contract may cease prior to the expiry of the period for which it was concluded due to the termination of the contract or in other cases provided for in the insurance contract and the Civil Obligations Act, such as termination due to the death of the insured person during the insurance period or the determination of 100% permanent disability, and deprivation of legal capacity, termination due to non-payment of the insurance premium,

termination due to the determined intentional incorrect reporting or concealment of data by the insurance policyholder, as well as the determined unintentional inaccuracy or incompleteness of the reporting by the insurance policyholder.

If a traveller, in the event of extraordinary circumstances that could not be avoided, which occurred at the destination or in its immediate vicinity and which significantly affect the execution of the package arrangement or which significantly affect the transportation of travellers to the destination, exercises their right to terminate the package arrangement travel contract before the start of the trip, the insurance contract shall be terminated with a refund of the premium. In this case, a full refund of all payments for the package arrangement shall be made by the travel agency that received them, and the insured person shall not be entitled to additional compensation.

DURATION OF THE INSURANCE CONTRACT

The insurance contract is binding for the period which has been concluded.

The duration of the insurance contract is a maximum of one year, and it is determined before the conclusion of the insurance contract, and is stated on the informational calculation and on the insurance policy.

COMMENCEMENT AND END OF THE INSURANCE

1. The insurance coverage of voluntary health insurance of persons during travel and stay abroad and in the Republic of Croatia for foreigners commences at 00:00 a.m. on the day specified in the policy as the commencement date of the insurance policy, but not before the insured person crosses the state border on the way abroad (the border of the country of registered residence / permanent residence), provided that the insurance premium has been paid by then, and ends after the insured person crosses the state border on the way back to the country of registered residence / permanent residence, and no later than 00:00 a.m. on the day specified in the policy as the date of expiry of the insurance policy.

In the case of voluntary health insurance of persons during travel and stay abroad and in the Republic of Croatia for foreigners, costs that arise after the contracted insurance period are covered within the contracted insurance amount for a maximum period of 4 (four) weeks after the expiration of the contracted insurance period, but only if it is proven that return from abroad (the Republic of Croatia for foreigners) is not possible due to health reasons.

2. Insurance coverage - accident insurance, luggage insurance and private liability insurance - commences at 00:00 a.m. on the day specified in the policy as the commencement date of the insurance policy, but not before the trip begins (if the insurance premium has been paid in full by then) and ends after the trip ends, and no later than 00:00 a.m. on the day specified in the policy as the date of expiry of the insurance policy.
3. Insurance of cancellation or interruption of travel, insurance of cancellation of a business trip and insurance of flight delays commences at 00:00 a.m. on the day indicated in the policy as the date of conclusion of the insurance contract (if the insurance premium has been paid in full by then), and ends at 00:00 a.m. on the day on which half of the estimated duration of the trip of the insured person expires. In the case of insurance of cancellation or interruption of travel in a private arrangement and in the case of insurance of cancellation of a business trip, the insurer's obligation to cancel the trip begins at 00:00 a.m. on the day on which the ticket was purchased, i.e. the hotel or similar reservation was paid, and ends at 00:00 a.m. on the day on which 50% of the anticipated duration of the trip of the insured person expires, if the insurance premium has been paid in full by then.

In the event of a flight delay, the insurance protection starts at 00:00 a.m. on the day on which the airline ticket was purchased, and ends at 00:00 a.m. on the day stated in the policy as the date of expiry of the insurance policy, if the insurance premium has been paid in full by then.

AMOUNT OF THE INSURANCE PREMIUM, INSURANCE AMOUNTS FOR BASIC AND SUPPLEMENTARY COVERAGE, METHOD OF PAYMENT OF THE INSURANCE PREMIUM, AMOUNTS OF CONTRIBUTIONS, TAXES AND OTHER COSTS AND CHARGES THAT ARE CHARGED EXCEPT THE INSURANCE PREMIUM AND THE TOTAL AMOUNT OF PAYMENT

The insurance premium is determined in accordance with the Insurer's Price List, and depends on the amount of the contracted amount of insurance, the scope of coverage, the degree of risk and the duration of the insurance. The total amount of the insurance premium with regard to the selected coverage, the amounts of insurance for basic and supplementary coverage, and the method of payment are stated on the informational calculation, as well as on the insurance policy. As a rule, the insurance premium is paid in advance for each insurance period, unless otherwise agreed. Payment of the insurance premium in installments can be arranged. The insurance premium is paid in full without deduction for payment transaction costs, fees for payment slips, etc. Any costs for fees, taxes and other legally prescribed charges on the insurance premium and additional expenses from the insurance contract that have arisen as a result of the actions of the insurance policyholder, or the insured person, are borne by the insurance policyholder. The insurance premium is paid to the insurer's account. Payment is considered to have been made on the day when the payment of the insurance premium is recorded on the insurer's bank account. Value added tax is not charged on the insurance premium.

PROCEDURE FOR RESOLVING COMPLAINTS RELATED TO CONTRACTS, ADDRESS FOR RECEIVING COMPLAINTS AND THE COMPETENT AUTHORITY FOR RESOLVING COMPLAINTS

1. All persons who derive their legal interest from the insurance contract shall primarily try to resolve all their possible disputes with the insurer, arising from or in connection with the insurance contract in question, amicably.

The insured person, the policyholder and the beneficiary of the insurance contract may file a complaint in the event of dissatisfaction with the actions of the insurer or insurance broker.

A complaint shall be submitted:

- in person at all UNIQA insurance points of sale;
- by mail to the address UNIQA osiguranje, Planinska 13A, Zagreb;
- by e-mail to uniqa.prituzbe@uniqa.hr;
- online at www.uniqa.hr.

The complaint should include:

- a) the name and surname and address of the complainant who is a natural person or their legal representative, i.e. the company, registered office and name and surname of the person responsible for the complaint who is a legal person,
- b) the grounds of the complaint and the claims of the complainant;
- c) evidence confirming the allegations in the complaint when it is possible to attach such evidence, and which may also contain documents that were not considered in the proce-

dure in which the decision for which the complaint is filed, as well as proposals for the presentation of the evidence,
d) the date of submission of the complaint and the signature of the complainant, i.e. the person representing him/her;
e) power of attorney for representation, when the complaint was filed by proxy.

After analysing and verifying the allegations in the complaint, the UNIQA Insurance Complaints Commission shall respond to the complainant in writing no later than 15 (fifteen) days from the date of receipt of the complaint.

If the complaint is submitted by e-mail or the complainant explicitly requests it, the response to the complaint may be sent by e-mail, in compliance with the regulations governing the protection of personal data. At the complainant's request, the insurance company shall inform the complainant of the received complaint and the course of the procedure.

All disputes arising from or in connection with the contractual relationship, including disputes relating to issues of its valid origin, violation or termination, as well as the legal effects arising therefrom, may be referred for mediation to one of the mediation organizations in the Republic of Croatia (Croatian Insurance Bureau, Croatian Mediation Association, etc.).

In the event of a dispute between the policyholder/insured person and the insurer, the jurisdiction of the court with subject matter jurisdiction in Zagreb is agreed.

SUPERVISORY BODY

Supervision of insurer's business operations is carried out by the Croatian Financial Services Supervisory Agency with its headquarters in Zagreb.

These Information to the travel insurance policyholder have been approved by the Management Board of UNIQA osiguranje d.d. and are in effect as of 28 July 2025.

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