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This document contains a brief overview of the main elements of the insurance product.

Full information on the conditions of insurance is available on our website www.eurolife-asigurari.ro/flex-engarde.

What type of insurance is it?

FLEX En Garde is an insurance policy for people who buy tickets to shows and wish to insure themselves for the situation where they are unable, for reasons beyond their control, to attend the shows for which they have purchased tickets, thus having the possibility of recovering the value of the tickets.

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What is insured?

✓ Persons who have bought tickets to the performances and who have concluded insurance contracts and by extension (by default) persons who benefit from these tickets;

The insurance product covers multiple events occurring during the insurance period that prevent the ticket holder from attending the show:

✓ Medical events (e.g. illness/accidents involving hospitalisation, recommendation to rest at home, investigations to be carried out on the date and time of the show);

✓ Family events (e.g. death of the insured or a first-degree relative, birth of a child or grandchild within 48 hours before the date and time of the performance);

✓ Material events (e.g. serious material damage occurring no more than 48 hours before the date and time of the performance as a result of fire, burglary/vandalism, flood, weather or natural phenomenon affecting the residence of the Insured);

✓ Other events (e.g. public transport strike, vehicle breakdown on the way to the show, flight cancellation/delay);

✓ Diagnosis of the Insured with COVID-19 (SARS-CoV-2), as a result of which the Insured must be hospitalised or placed in isolation or quarantined for the duration of the performance.



What is not insured?

✗ Situations in which the responsibility for compensation lies with the organiser of the performance (e.g. cancellation of the show by the organiser, closure of the performance venue, etc.);

✗ Bans imposed by the authorities, restrictions on free movement, closure of airports, closure of borders, restrictions on the staging of shows;

✗ Tickets issued by electronic fraud;

✗ Events caused by war and other hostilities, radiation, handling of weapons or dangerous substances;

✗ Events caused by the Insured's participation in contravention or criminal activities;

✗ Voluntary use of drugs, psychoactive substances, narcotics;

✗ Pandemics or epidemics;

✗ Risks arising from the wilful act or gross negligence of the Insured.



Are there coverage restrictions?

! People who have not purchased tickets for the shows



Where do I benefit from the insurance?

✓ On the territory of Romania.



What obligations do I have?

Notify us of the occurrence of an insured risk within 2 calendar days of the occurrence of the risk but no later than the start date of the show.

Provide us with the documents required to settle the claim.

Give us true and complete information.



When and how do I pay?

The insurance payment is made in RON, in full.



When does coverage start and when does it stop?

Coverage begins on the date stated in the insurance policy and ends on the date and at the start time of the show for which the ticket was purchased.



How can I terminate the contract?

The contract can be terminated by completing and signing the termination form.

The form should be sent to Eurolife FFH Asigurări Generale S.A.

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INSURANCE POLICY PROVISIONS

related to the FLEX EN GARDE insurance product

Article 1 Introductory provisions

These conditions are related to the insurance product "Flex En Garde" offered by Eurolife FFH Asigurări Generale S.A. and are applicable throughout the validity of the insurance contract.

The insurance product is intended for people who wish to insure themselves against the situation where they are unable, for reasons beyond their control, to attend the shows for which they have purchased tickets.

This document details the conditions under which the Insurer is to cover the full price of the ticket in the event that the Insured is unable to attend the scheduled show for which they have purchased a ticket.

Art. 2 Main terms used and their definitions:

The following terms used in the Contract are defined, in alphabetical order, as follows:

Accident	Any unforeseeable, violent event beyond the control of the Insured causing bodily injury as a result of the sudden action of external physical (mechanical, thermal, electrical) or chemical factors. Infections of any kind (viral, bacterial, fungal, etc.) and stroke are not considered to be accidents within the meaning of these Policy Provisions.
Insured	The person(s) who have purchased one or more tickets to one or more performances and by extension (by default) the person(s) benefiting from these tickets.
Insurer/Insurance company	Eurolife FFH Asigurări Generale S.A.
Beneficiary	The person to whom the Insurance Benefit will be paid in case the insured event occurs. The beneficiary of the insurance indemnity is the purchaser of the ticket or their heirs.
Illness	An organic or functional change in the normal state of health, diagnosed as such by a medical doctor.
Insurance Policy	Document issued by the Insurer confirming the conclusion of the Insurance Contract.
Contract / Insurance Contract	The Insurance Policy, the Policy Provisions and any other document attached to and referred to in the Insurance Policy.
Contract owner	The natural or legal person who has an insurable interest and who concludes the Insurance Contract and undertakes to pay the insurance premium.
Epidemic	The spread of a contagious disease in a short time, through contamination, to a large number of people in a locality, region.
Event/Risk insured	An event occurring during the term of the insurance, mentioned in the Policy Provisions, as a result of which the Insurance Company undertakes to pay the Insurance Indemnity to the Beneficiary, in accordance with the provisions of the Contract.
Insurance Indemnity	The amount payable to the Beneficiary by the Insurance Company following the occurrence of the Insured Event.
Pandemic	An epidemic that is spreading over a very large territory.
Insurance premium	The amount specified in the Insurance Policy, owed by the Insured to the Insurance Company in return for the Insurance Company taking over the risk. The insurance premium is calculated and paid in RON.

Art. 3 Object of insurance

The object of the insurance is the reimbursement to the Beneficiary of the cost of the ticket, without any other fees or charges, not recovered from the Organiser of the performance, in the event of impossibility of use due to the occurrence of one of the insured risks.

Art. 4 What risks are covered

The risks insured under these Policy Provisions are as follows:

4.1 Medical events:

An illness (condition), including pregnancy-related illness, a bodily injury, as well as the consequences, sequelae and complications or aggravation of an illness or injury, which occurred during the period of insurance, before the date of commencement of the performance and which necessarily involves:

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- either hospitalisation for a period covering the date and time of the performance;
- either the cessation of all professional activity or rest at home, the recommended period of which includes the date and time of the show, according to an expert medical opinion;
- or to carry out investigations or treatments scheduled on the date and time of the show, and which occurred to the Insured, his/her spouse, fiancé/ fiancée, life partner, ascendants or descendants in the direct line (first degree relatives) as well as those of his/her spouse, fiancé/ fiancée, life partner.

4.2 Family events:

- decease of the Insured, his/her spouse, fiancé, life partner, ascendent or descendents in direct line (1st degree relatives) or such of the spouse, fiancé, life partner;
- the birth of a child or grandchild of the Insured within 48 hours prior to the date and time of the performance ticket.

4.3 Material events:

Serious material damage, occurring no more than 48 hours before the date and time of the performance for which the ticket was purchased, as a result of:

- a fire,
- a burglary (robbery) or vandalism,
- a flood,
- a meteorological or natural phenomenon,

which directly affects the Insured's main or secondary residence and requires the Insured's presence on the spot on the day and at the time of the event for which the ticket was purchased, in order to carry out the administrative formalities relating to legal proceedings, damage or rehabilitation of the affected property.

4.4 Other events:

- theft of the physical (paper) ticket for the performance, if there is no option of using the electronic ticket, as a result of an assault or burglary from the Insured's home or car;
- a public transport strike on the date mentioned on the ticket, i.e. a total stoppage of the public transport with which the Insured had originally planned to travel to the location mentioned on the ticket, as a result of a strike, insofar as there is no other means of public transport available to allow travel;
- the vehicle in which the Insured is travelling to the event is involved in an accident or has a breakdown that makes it impossible to continue the journey and reach the location mentioned on the event ticket;
- the flight on which the Insured person was travelling to reach the performance venue mentioned on the ticket is cancelled or delayed for more than 3 hours, making it impossible for the Insured person to be present at the date and time of the performance mentioned on the ticket.

4.5 Diagnosis of the Insured with COVID-19 (SARS-CoV-2), as a result of which the Insured must be hospitalised or placed in isolation or quarantined for the duration of the performance.

Art. 5 Acceptance criteria for insurance

Insurance may be taken out by natural or legal persons who:

- have bought one or more tickets to the event(s);
- have paid the insurance single premium.

Persons who, by extension, benefit from the tickets purchased by the ticket purchaser who meets points a) and b) are also insured under these Policy Provisions.

Art. 6 Information concerning the insurance contract

6.1 Commencement, duration and termination of Cover in respect of the Insured

Insurance underwriting and risk coverage

The risk cover in respect of each Insured shall take effect on the date stated in the Insurance Policy, subject to the Insurer's receipt of the premium.

The duration of the insurance and the duration of the risk cover shall begin on the date and time stated in the Insurance Policy and end on the date and time of the start of the performance for which the ticket was purchased.

In the case of events taking place over several days, the cover of the insured risks is valid until the date of commencement of the event, i.e. the first day of the event.

Changing the date of the event

In case of a change in the date of the event, the insurance originally taken out is automatically extended until the rescheduled date of the event, provided that the insurer is notified of the rescheduled date of the event and the rescheduling of the event takes place before any insured risk occurs.

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Termination of insurance

The status of Insured under the Contract and the cover of the risk of occurrence of the Insured Event with regard to an Insured rightfully ceases to be an Insured, without any further formality being required and without the intervention of any court in the following cases:

- a) on the date and at the time of expiry of the insurance as stated on the Policy;
- b) on the date of payment by the Insurer of the insurance indemnity to the Beneficiary, following the occurrence of an insured event, if this date is prior to the expiry date of the insurance;
- c) as a result of non-payment or partial payment of the insurance premium; in this case the insurance is not valid and the risk is not covered;
- d) at the express request of the Contract owner. Termination shall become effective on the date of registration at the Insurer's office of the insurance termination form completed and signed by the Contract owner.
- e) on the date of cancellation of the performance for which the ticket was purchased with insurance, in which case the Insured is entitled to receive the insurance premium pro rata for the remaining uninsured period;
- f) in case of cancellation by the Policyholder/Insured Person of the purchased ticket due to a change in the event for which the ticket was purchased with insurance (changes in location, date, artists present at the event, etc.), in which case the Insured Person is not entitled to the insurance premium;

The termination of the Insured's status as Insured for one of the Insured Parties shall not result in the termination of the Insurance Contract for the remaining Insured Parties.

In the event of termination of the Insured's status as an Insured under points b) and d), the risk cover for each individual Insured shall cease at midnight on the calendar day on which his status as an Insured ceases in accordance with the provisions of this Article.

Upon termination of the Insurance Policy requested within the first 14 calendar days from the start of the insurance, the insurance premium will be refunded in full, except for those insurances with a duration of one calendar month or less for which the insurance premium will not be refunded. In the case of claims received after 14 days the insurance premium will not be refunded to the client.

Upon termination of insurance policies for which claims have been received, the insurance premium may not be refunded.

6.2 Declarations of the Insured

All declarations of the Insured and the Contract owner form the basis for the conclusion and execution of the Contract.

The Insured is responsible for the authenticity of the documents presented and is liable under the law for any false or misleading documents.

If the Insured provides false information or statements, insofar as such statements and information are essential for the proper and correct performance of the Insurance Contract, the Insurance Company is entitled to take the following measures, depending on the specific circumstances:

- a) To cancel the Insurance Policy;
- b) Not to pay any Insurance Indemnity under the terms of this Contract in respect of the Insured who has provided such false statements or incomplete information or to reduce, depending on the specific circumstances and at the absolute discretion of the Insurance Company, the amount of the Insurance Indemnity payable to the Beneficiary.

Art. 7 Insurance premium

The Insurance Premium must be fully paid as a single premium by the Insured to the Insurance Company, for the entire duration of the risk insurance. Payment of the insurance premium shall be made in a single transaction. Failure to pay the insurance premium (or partial payment thereof) shall result in the termination of cover in respect of the Insured(s) concerned, without any further prior formality.

Art. 8 What to do in the event of an insured event

8.1 Insurance Indemnity

The payment of the insurance indemnity to the Beneficiary following the occurrence of the Insured Event is subject to the following cumulative conditions:

- a) the contractual cover of the Insured in respect of whom the Insured Event occurred is in force;
- b) none of the situations referred to in Article 9 has arisen;

8.2 Informing the Insurer of the occurrence of the insured risk

The Insured who has purchased and paid for the performance ticket(s) must notify the Insured Event no later than 2 days after the occurrence of the insured event/risk, but no later than the start date of the performance, unless this is demonstrated to be impossible to carry out, in which case, the Insurer will record and process the Insured Event.

The notice will be sent directly to the Insurer's address, by post, courier or by email to engarde@eurolife.gr, by sending the following documents:

- Claims notification form (standard form provided by the Insurer) completed by the Insured;
- Copy of the Insured Person's identity card ;

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- Unused show ticket;
- Insurance Policy;
- Documents proving the occurrence of the insured event (death certificate, hospital admission ticket, police report, etc.);

If any of the supporting documents is issued outside the territory of Romania, the documents shall be communicated in copy accompanied by a certified translation into Romanian, and in case of risk of death, they will be completed with proof of transcription in the Romanian civil status register of the death certificate issued by the competent foreign authorities.

In addition to the supporting documents mentioned above, the Insurance Company may request other documents in order to investigate the circumstances of the insured event and to determine its liability to pay.

The insurance company shall have the right, at its own expense, to take any action it considers necessary to assess its obligation to pay the Insurance Indemnity.

In this respect, both the Insured and the Policyholder shall instruct the Insurance Company to take any steps, for and on behalf of the latter, to establish the circumstances in which the insured event occurred, thus leading to the determination of its obligation to pay the insurance indemnity.

In the event of a claim for cancellation due to medical events, as per Art. 4.1 above, in order to validate its obligation to pay the Insurance Indemnity, the Insurer shall have the right to request the Insured or his/her relatives who have suffered the medical event to undergo a medical examination by doctors approved by the Insured or in an approved medical centre.

The responsibility of documenting the occurrence of an Insured event belongs solely to the Insured. If the Insured does not provide the documents requested by the Insurer, which are essential for the assessment and determination of the amount of the Insurance Indemnity, the Insurance Company has the right to refuse the payment of the Insurance Indemnity.

8.3 Payment of insurance compensation

In the event of the occurrence of the insured event, the Insurance Indemnity is payable exclusively to the Beneficiary, in accordance with these Policy Provisions, within 10 (ten) calendar days from the date of completion of the assessment of the file and approval of the payment of the Insurance Indemnity by the Insurance Company.

The insurance indemnity shall be paid in a single instalment to the Beneficiary's account in accordance with the Policy Provisions and shall be equal to the value of the performance ticket.

If an Insured buys several tickets and the insurance is taken out for all the beneficiaries of the tickets, the claim must be made by the Insured who has carried out the transaction and paid the insurance premiums, and the Insurance Indemnity must also be paid into the Insured's bank account, with the option of cancelling all or part of the order if two or more tickets are purchased in a single order.

If an Insured buys more than one ticket, some of which are offered free of charge, the insurance shall be concluded for all tickets both paid for by the customer and received free of charge, and in calculating the compensation the value per ticket shall be calculated by dividing the value of the tickets paid for by the customer by the total number of tickets in the order.

in the case of insurance taken out for more than four persons, the Insurance Indemnity shall be paid exclusively for the Insured Person or Insured Persons in respect of whom the Insured Risk has occurred. As an exception to this provision, in the case of families, the insurance indemnity may be paid for the whole family (spouse, children) if the claim concerns the cancellation of the tickets for the whole family.

If the event takes place over several days and only one ticket has been purchased for the whole event, compensation will only be granted if the ticket has not been used on any of the days of the performance. Use of the ticket can only be confirmed or denied by the event organiser. For the avoidance of doubt, if the insured person (and/or other persons for whom tickets have been purchased by the insured person) uses the ticket on at least one day of the package of days of the performance and for the other days the insured person is unable to attend, for whatever reason, the insurance indemnity cannot be paid.

Art. 9 When compensation is not paid

The insurance contract does not cover the risk of the occurrence of the Insured Event in the following situations:

- If the Insured Event occurs due to any form of war, invasion, civil war, rebellion, riot, social movement, insurrection, military dictatorship or usurpation of power, acts of violence, acts of terrorism and sabotage;
- If it is found that the tickets have been issued through electronic fraud, computer viruses or with non-compliance with the provisions on the lawfulness of processing and the rights of data subjects referred to in the legislation on the protection of personal data;
- If the Insured Event occurs during and/or as a result of the Insured's participation in the commission of any misdemeanour or offence, in any of the forms of criminal participation as defined by the Criminal Code in force or other special laws, as well as during the evasion of prosecution for such acts;
- In case of suicide or attempted suicide or in case of self-harm, regardless of the mental and psychological health of the Insured;
- When the Insured Event occurs due to the Insured's intentional or unintentional exposure to the action of atomic energy or radiation, radioactive contamination with nuclear fuel or nuclear waste, in time of peace or war;
- If the Insured Event occurred as a result of the Insured's handling of weapons, explosive, flammable and/or toxic substances without appropriate specialist qualifications;
- If the insured event occurred as a result of the voluntary use of medication, psychoactive substances, narcotics or treatment not

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- prescribed by a competent medical authority, the consumption of alcohol, drugs or other addictive substances;
- h) When the insured event occurred due to pandemics or epidemics;
 - i) Prohibitions decided by the authorities, restrictions on the free movement of persons and/or goods, restrictions on the
 - j) events, airport closures, border closures;
 - k) Situations in which the responsibility for compensation falls on the organiser of the show or a travel agency or carrier, such as, but not limited to, cancellation of the show by the event organiser, closure of the event venue for administrative, legal, security reasons, etc., decided by public authorities, the event organiser or other authorised entities;
 - l) Pregnancy-related conditions after 28 weeks, voluntary termination of pregnancy, in vitro fertilisation;
 - m) If the ticket has been used.
 - n) When the insured risk occurred as a result of driving a vehicle without an appropriate driving licence;
 - o) If the claim made, or any of the documents submitted, contain fraudulent or false information/statements;
 - p) In the case of risks caused by the wilful acts or gross negligence of the Insured, persons living with him or members of his family covered by these conditions.

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Art. 10 Final Provisions

10.1 Communication between the parties

Any notice, request and, in general, all communications between the parties in connection with the insurance contract shall be in writing and shall be communicated either by letter or by e-mail. The Insurer reserves the right to maintain transparent communication with customers also by SMS.

The amendment of the terms and conditions of the contract is only valid if the amendments have been stipulated in an amendment to the contract and have been approved and signed by authorised persons of the Insurer and the Policyholder.

Change of Contract owner/Insured's details. The Contract owner is bound to inform the Insurer in writing of any change in the personal and contact details for himself/herself or the Insured within 30 calendar days from the date of the change. Otherwise the Insurer is entitled to send all correspondence to the last known address.

Change of company data. The Contract owner agrees that any change in the Insurer's identification data, such as, but not limited to, name, legal form, registered office, telephone or any other identification data, shall be brought to its attention by mentioning them on the Eurolife FFH Asigurări Generale SA website: www.eurolife-asigurari.ro.

10.2 Settlement of petitions

Any dissatisfaction on the part of the Contract owner, the Insured or the Beneficiary shall be settled amicably. To this end, the complaint must be made in writing and sent by fax (+40314184084), e-mail (asigurari@eurolife-asigurari.ro) or letter to the Insurer at the Insurer's head office or via the "Suggestions and Complaints" application on the website www.eurolife-asigurari.ro. The petition must contain at least the name, surname/name and CNP/CUI of the petitioner. Eurolife FFH Asigurări Generale will reply to the complainant, in writing, within 30 calendar days from the date of registration of the complaint at the head office. If, in the complainant's view, the Insurer's response does not meet the complainant's requirements, at the request of the complainant, the parties may agree to hold a meeting to resolve the complaint. If it is not possible to settle the case amicably, the claimant may also apply to the Financial Supervisory Authority (FSA).

10.3 Alternative dispute resolution

In addition, if an amicable settlement of the petition has not been achieved, the Contract owner, the Insured and the Beneficiary shall have the right to seek alternative dispute resolution through SAL-FIN, which organises and administers alternative dispute resolution procedures proposing or imposing, as appropriate, a solution to the parties. This provision shall not constitute a restriction on the right of the Contract owner, the Insured or the Beneficiary to have recourse to legal proceedings. For further details please refer to the provisions of Regulation no. 4/27.04.2016 on the organisation and functioning of the Non-Banking Alternative Dispute Resolution Entity (SAL-FIN) and Government Ordinance no. 38/2015 on alternative dispute resolution between consumers and traders.

10.4 Provisions of tax legislation

According to the provisions of the Tax Code in force, insurance premiums for this type of insurance do not constitute deductions from the taxable base for natural or legal persons. In the case of legal persons, they are included in taxable income and are taxed in accordance with the provisions of the Tax Code. Any legal changes subsequent to the conclusion of the insurance contract will be applied accordingly.

10.5 How to access the Insurer's reports

All the information and/or reports that Eurolife FFH Asigurări Generale is required to publish by law are and/or will be available for consultation on the Insurer's website: www.eurolife-asigurari.ro.

10.6 Territoriality

The insurance contract is valid only for insured events taking place on the territory of Romania.

10.7 Limitation period

The limitation period for any rights arising from this insurance contract shall be two years and shall be calculated from the date of the insured risk as defined.



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10.8 Applicable legislation

The insurance contract shall be governed by the Romanian legislation in force, and these Conditions shall be supplemented by the legal provisions in force concerning insurance.

10.9 Jurisdiction of the courts

All disputes arising out of or in connection with the insurance contract shall be settled by the competent Romanian courts.

10.10 Guarantee Fund

In order to protect the Beneficiaries of the insurance, through the contribution of the Insurers (including Eurolife FFH Asigurări Generale), on the basis of the relevant legal provisions (Law 213/2015), the Guarantee Fund was established. The accumulated sums are intended for the payment of indemnities resulting from voluntary and compulsory insurance contracts, in the event of the Insurer's insolvency, in accordance with legal provisions.

10.11 Force Majeure and Fortuitous Events

Any event of force majeure, as defined by the Romanian legislation in force, shall not discharge the parties from any of their obligations, but shall suspend the effects of this Contract for the duration of such event. The party invoking an event of force majeure must notify the other party within 5 business days from the date of occurrence of the event, as well as from the date on which such event ended. The notification shall be accompanied by evidence of the force majeure event consisting of documents issued by the competent authorities. If the force majeure acts or is expected to act for a period longer than 6 months, each party shall have the right to notify the other party of the automatic termination of this contract, without either party being entitled to claim damages from the other. Force Majeure shall not release the parties from their contractual obligations.

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Information Notice to Data Subjects on the processing of personal data under Regulation (EU) 2016/679 and related legislation in Romania

1. What data do we collect?

The insurance company (hereinafter referred to as the "**Company**"), the full details of which are contained in this/this offer/application/certificate/policy (hereinafter referred to as the "**Insurance Document**"), in accordance with the provisions of the applicable legislation on the protection of personal data, informs you, the natural person, about the collection and processing of your personal data, namely:

- Your identification data, such as, but not limited to: first and last name, ID card, personal numerical code, date and place of birth;
- Contact details such as, but not limited to: home address, mailing address, e-mail address, landline and mobile phone number;
- Data necessary for making payments: bank accounts, bank debit/credit cards or other types of cards, etc., either to be used for the payment of insurance premiums or other obligations you owe to the Company, or to be used for the collection of claims or other amounts to which you are entitled;
- Data necessary for the possible conclusion and execution of the Insurance Policy, in accordance with its subject matter and the risks covered. In this context, data may be processed in relation to your financial situation, or other economic data, your investment or savings objectives, or special categories of data, such as data on your state of health or on your hospitalisation or medication (medical treatment followed);
- Data necessary for the establishment of the compensation or/and for its payment or for the redemption of insurance rights;
- Other categories of data: audio recordings of your telephone conversations with company representatives.

2. Where do we collect personal data from?

Personal data, including specific data required at the time of the assessment of the insurance take-over and during the term of the Insurance Policy, if concluded, are collected as follows:

- Either from you - the data subject, directly or through insurance intermediaries;
- Either from the person taking out the Insurance Policy, in the case of insurance for third parties;
- Either from the Company's collaborators, who provide certain services for the Company, such as hospitals or medical diagnostic centres where the Data Subject has been admitted for tests or has been hospitalised, as a result of the latter's authorisation to transmit the data in question, or from the company to which the Data Subject has applied for the payment of material damages incurred, etc., as the case may be.

3. Why do we collect and how do we process personal data?

The personal data we collect will be processed by the Company and/or by third parties on behalf of the Company for the following purposes:

- To identify you, to place you in a risk category, to assess the risk which the Company is to cover or which it has assumed, in order to take the decision to conclude the Insurance Policy and for calculating the insurance premium. In this risk assessment, means and automated methods for decision-making in the risk-taking phase;
- For the fulfilment of the Company's obligations arising from the Insurance Policy to be concluded with you, for its proper functioning and for the improvement of the services offered;
- For the Company's compliance with the obligations imposed by the legislation in force, as well as to prevent and combat cases of fraud against the Company and/or companies belonging to the Group of which the Company is a member. Automated means and methods of processing personal data may be used to prevent fraud;
- To inform you about the products and services of the Company or the companies within the Group or third parties with whom they have a contractual relationship and to promote them, if you have given your consent;
- To be sent questionnaires on the level of satisfaction and evaluation of the Company's products and services;
- To provide quality services in the shortest possible time in response to your requests;
- For non-personalised processing of your personal data for statistical purposes.

The collection and processing of your data for the purposes mentioned above is based on:

- conclusion and performance of the insurance contract;
- a legal obligation of the Company;
- your consent;
- in the legitimate interest of the Company, for activities such as statistical/actuarial analysis and reporting internally or to other Group entities.

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4. How long do we keep personal data?

In case of terminating the Insurance Policy, the Company will process personal data for a period of up to ten (10) years as of the date of terminating the policy, regardless of the method of termination. If no Insurance Policy has been concluded, your personal data will be kept for a period of five (5) years from the date of collection.

If the law or other regulatory acts oblige the Company to keep personal data for a longer period than the one mentioned above, the retention period shall be extended accordingly.

Also, if at the end of these periods there are legal proceedings pending involving any of the companies belonging to the Group which concern you directly or indirectly, the retention period mentioned above shall be extended until a final court decision is issued.

After a period of five (5) years as of the date of collection, the personal data of the Data Subject may be stored in electronic format. After the expiry of the aforementioned periods, your personal data shall be destroyed.

5. Who receives your personal data?

- The management and employees of the Company, who are responsible for the conclusion, administration and operation of the Insurance Policy(ies).
- Group companies, for reasons related to the assessment and management of risks at Group level, as well as to provide a uniform service to their customers and to inform them of new products and services.
- Specialists and experts collaborating with the Company, researchers, assistance companies, collaborating companies dealing with damage ascertainment and repair, medical and diagnostic centres, companies providing postal services (courier services), any kind of persons providing (legal, financial, etc.) advice, natural and legal persons, as well as service providers for the development and maintenance of computer applications, on condition of professional secrecy, under all conditions.
- Other insurance or/and reinsurance companies or/and brokers.
- In special cases, either for the protection of the rights of society or when required by law or by decisions of the courts, the National Supervisory Authority for Personal Data Processing or other independent authorities, your personal data may be transferred to lawyers, bailiffs, courts or prosecutorial bodies, public authorities or institutions, or officials thereof, as well as to other third parties. Access to your personal data is only ever granted to the extent that it serves the stated purpose.

6. How do we protect personal data?

In order to ensure the necessary protection of your personal data, the Company has appropriate organisational measures in place and uses appropriate technological means of protection within the framework of an IT security management system.

7. What are your rights and how can you exercise them?

- Right of access: you have the right to know what personal data we collect, store and process about you and where it comes from.
- Right to rectification: you have the right to ask for corrections and/or additions to be made so that they are complete and accurate, by submitting/submitting any necessary supporting documents showing the need for correction or completion.
- Right to restrict processing: you have the right to request the restriction of the processing of your personal data and/or to refuse any further processing. It should be noted, however, that the fulfilment of this request, if it relates to data which are necessary for the conclusion or operation of the Insurance Policy, regardless of whether the data have been submitted by you or by third parties, leads to the automatic termination of the Insurance Policy or policies in question, in accordance with the relevant contractual terms.
- Right to erasure of data: you have the right to request the erasure of your personal data if either the legal period for storing them has expired, as mentioned above, or if they are not related to the conclusion or the operation of the Insurance Policy or to the demonstration, justification or documentation of rights or obligations arising directly or indirectly from it.
- Right to data portability: you have the right to request that your personal data be transferred to another company.
- Right to object: you have the right to object to the processing of personal data, including profiling, when (i) the processing is necessary for the performance of a task carried out in the public interest, (ii) the processing is necessary for the purposes of legitimate interests pursued by the Company and/or a Group Company.
- The right not to be subject to a decision based solely on automated processing of your data, including profiling, which produces legal effects or significantly affects you.
- The right to lodge a complaint with the National Supervisory Authority for Personal Data Processing (www.dataprotection.ro) if you believe your rights have been violated in any way.

You can exercise your rights by sending a written request to the Company or by sending an email to: dpromania@eurolife.gr

The Company will take all possible measures to resolve your requests and will respond within thirty (30) days, and if this is not possible, we will inform you of an extension of the response time, which may not exceed sixty (60) days. This service is offered free of charge and no charge applies, except in proven cases of abuse in the exercise of this right, which has resulted in additional costs for the Company.

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T: (+40) 31 423 00 80; F: (+40) 31 418 40 84



www.eurolife-asigurari.ro



asigurari@eurolife-asigurari.ro

8. Where can you address any issue regarding the processing of your personal data?

For any matter relating to the processing of your personal data, you can contact the Data Protection Officer at the following email address: dporomania@eurolife.gr.

9. Special cases of processing of personal data

The processing of personal data in the case of the conclusion of an Insurance Policy in favour of another person, or for the property or activities of another person:

The policyholder purchasing the ticket(s) declares that he/she has the consent of the person for whom the insurance is taken out to the processing of his/her personal data or that he/she is acting as a parent or guardian in the case of a minor.

Processing of personal data in the case of the conclusion of group policies: the person concluding the Insurance Policy is obliged to inform the policyholders of the content of this document and to have their consent to the processing of their personal data, both before the conclusion of the Insurance Policy and during its validity.

10. Transfer of personal data to a third State

In order to ensure compliance with the regulations concerning the automatic exchange of information in the field of taxation, as set out in the framework of the international obligations assumed by Romania, validated also by domestic legislation, the Company may transmit your personal data to the competent national authorities, for further transmission to similar authorities in third countries.

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