



FATUM Schadeverzekering N.V.  
 FATUM Levensverzekering N.V.  
 FATUM Investments N.V.  
 E-Mail: fatum@sr.net  
 Website: www.fatum-suriname.com

**Headoffice:** Noorderkerkstraat 5-7 • Postbus 1845 - Paramaribo, Suriname • Tel (+597)471541 • Fax (+597)410067  
**Office Kwatta:** Kwattaweg 405 - Paramaribo, Suriname • Tel (+597)465755 • Fax (+597)530801  
**Office Commewijne:** Oost-West verbinding 51 • Meerzorg, Suriname • Tel (+597)0354356 • Fax (+597)0354404  
**Office Nickerie:** Landingsstraat 14 - Nieuw Nickerie, Suriname • Tel (+597)0231537 • Fax (+597)0232031



## GENERAL CONDITIONS OF FATUM WORLDWIDE TRAVEL INSURANCE

<b>Contents by article</b>	<b>1.8</b>	<b>Country of origin:</b> The country where the insured is domiciled or from which they hold a passport.			
1	Definitions				
2	Basis of insurance				
3	Territorial limits	<b>1.9</b>	<b>Company:</b> FATUM Schadeverzekering N.V.		
4	Description of cover				
5	Exclusions	<b>1.10</b>	<b>Medical adviser:</b> The doctor advising FATUM on medical matters.	<b>1.24</b>	<b>Medical transportation:</b> Medically necessary road transportation by ambulance, taxi or a patient's own car, where the patient cannot be deemed capable of travelling independently to the nearest hospital or treatment facility for medical reasons.
6	Premium payment and suspension				
7	Deductible	<b>1.11</b>	<b>Medical necessity:</b> Necessity based on generally recognised considerations of medical science.		
8	Excess				
9	General obligation in the event of losses				
10	Tasks of EUROCROSS	<b>1.12</b>	<b>Acts of war:</b> Armed conflict, civil war, insurrection, civil commotion, riot, mutiny.		
11	Changes in risks				
12	Repayment for uninsured services				
13	Indemnity	<b>1.13</b>	<b>Accident:</b> The sudden effect of an external force acting directly and causing physical injury, the nature and location of which can be established medically.	<b>Article 2.</b>	<b>Basis of insurance</b>
14	Duration and end of the insurance			<b>2.1</b>	<b>2.1.1</b> The application form with the information submitted by the policyholder or insured, whether or not personally in writing, as well as any written information submitted separately by the policyholder or the insured, shall constitute the basis of this insurance and shall be deemed to form part of the policy.
15	Disputes				<b>2.1.2</b> The Company shall be authorised to end the insurance without observing any notice period at a time determined by it if the statements made on the application form or in the information submitted separately were not in accordance with the truth or if circumstances were not disclosed of such nature that the insurance would not have been granted or not on the same terms if the Company had been aware of them.
16	Fraud				<b>2.1.3</b> In circumstances such as referred to in Article 2.1.2 the Company shall have no liability to reimburse any costs and no obligation to refund premiums already paid and may require the repayment of any benefits already paid out.
17	Applicable law	<b>1.14</b>	<b>Admission:</b> Any stay in a hospital for longer than 24 hours, if and insofar as nursing care, investigations and treatment can only be provided in hospital for medical reasons, whereby continuous treatment by a medical specialist must be necessary.		<b>2.1.4</b> The Company shall be entitled to end the insurance immediately and unilaterally if the policyholder and/or the insured is guilty of actual or attempted fraud, deception, deliberate misinformation and/or other serious misconduct (such as coercion or threat) in relation to the insurer. In such cases the insurance shall be ended with effect from the day on which the conduct referred to took place or from such other date as may be determined by the Company.
	<b>Article 1. Definitions</b>				<b>2.2</b> The insured costs shall be eligible for consideration in determining the benefit payable insofar as they were incurred
	In the policy document and conditions the following definitions shall apply:				
<b>1.1</b>	<b>Additional costs:</b> Medical costs directly connected with and incurred during specialist treatment (such as the costs of X-ray images, laboratory tests, blood transfusions, radiation, anaesthesia and the use of an operating theatre or outpatient facility).	<b>1.15</b>	<b>Rehabilitation:</b> Treatment, advice and support in a rehabilitation facility recognised by the competent government authority received from a team including in any event a specialist and a paramedical practitioner and additionally a psychologist or an expert in the social, occupational or rehabilitation field, as well as nursing provided in connection with this.		
<b>1.2</b>	<b>Excess:</b> The amount or percentage of the total amount to be reimbursed, that the insured has to pay before the cover under this policy comes into effect.				
<b>1.3</b>	<b>Fraud:</b> Actual or attempted falsehood in writing, deception, fraudulent dealing with creditors or persons with an entitlement and/or embezzlement by persons and/or organisations involved in the arranging and/or performance of the insurance with the object of obtaining insurance cover or a payment or benefit without entitlement under false pretences.	<b>1.16</b>	<b>EUROCROSS:</b> The Dutch assistance organisation.		
<b>1.4</b>	<b>Physiotherapist/Exercise therapist:</b> A practising physiotherapist/exercise therapist registered as such with the competent bodies.	<b>1.17</b>	<b>Specialist:</b> A doctor or dentist recognised as a specialist by the competent bodies.		
<b>1.5</b>	<b>Medications:</b> Substances which are permitted to be traded as medications and are only supplied by pharmacies or general physicians with pharmacies on a prescription from a general physician or specialist.	<b>1.18</b>	<b>Specialist treatments:</b> Treatment or investigations generally accepted in medical practice and belonging to the speciality for which the specialist is registered.		
<b>1.6</b>	<b>General physician:</b> A doctor recognised as a general physician by the competent bodies.	<b>1.19</b>	<b>Dentist:</b> A dentist recognised as a dentist by the competent bodies.		
<b>1.7</b>	<b>Assistance:</b> The organisation of assistance 7 days a week and 24 hours a day by EUROCROSS	<b>1.20</b>	<b>Nursing costs:</b> The amount per day owed for nursing care for a period of at least 24 hours in hospital, except for the additional costs and the costs of specialist treatment.		
		<b>1.21</b>	<b>Insured:</b> Each person named as such on the policy document.		
		<b>1.22</b>	<b>Policyholder:</b> The person who entered into the insurance agreement with the Company and is named as such on the policy schedule.		
		<b>1.23</b>	<b>Hospital:</b> A facility for the nursing, treatment and examination of sick people recognised as a hospital by the		

	during the period when this insurance is in force, except as stated in Article 2.1.2.	
2.3	In no circumstances shall the Company pay more than EUR 35,000 per insured per incident under the insurance.	
<b>Article 3.</b>	<b>Territorial limits</b>	
	The insurance provides cover in the following areas:	4.6
1.	<b>Europe;</b>	
2.	<b>the rest of the world</b> , however not the country in which the insured has their domicile and/or residence according to their passport, visa or other official travel document.	
<b>Article 4.</b>	<b>Description of cover</b>	
	The insurance is in effect for the period as mentioned in the policy. Extension of the insurance is not possible, a new insurance has to be taken out.	
4.1	<b>On admission to hospital</b>	
	4.1.1 The insurance provides cover on the basis of the lowest level of nursing care applicable on the first day of the admission at the hospital where the insured is admitted, as well as the costs of specialist treatment and accompanying costs to a maximum of € 35,000.	
	4.1.2 If the insured is an inpatient in hospital on the end date of this insurance the Company will pay the insured costs of the admission until a maximum of 30 days after the end of this insurance. The maximum cover hereby is EUR 35000,-	4.7
4.2	<b>The costs of patient transport</b>	
	- immediately before or immediately after an admission in the nearest hospital.	
4.3	<b>The costs of transplantation</b>	
	- of the following organs will be reimbursed: skin, cornea, bone marrow, kidney, heart and liver (orthotopic) as well as the costs of tissue typing. There shall only be a right to reimbursement after obtaining prior written permission from the Company. The costs of transplantation of other organs (including heart/lung transplants) will not be reimbursed. The costs of nursing care and treatment of the donor will also be reimbursed subject to the provisions of paragraph 1. A donor shall also be entitled to medical treatment for a maximum of three months after the date of discharge from the hospital to which the donor was admitted for the selection or removal of transplant material, providing that the treatment is related to the relevant organ transplant covered by the reimbursement. The costs of transplantation shall only be eligible for reimbursement if they are due to an accident.	4.8
4.4	<b>The costs of kidney dialysis</b>	
	- for the benefit of the insured, after obtaining prior permission from the Company. The costs of kidney dialysis shall only be eligible for reimbursement if they are due to an accident.	4.9
4.5	<b>The costs of treatment by a plastic</b>	
	<b>surgeon</b>	
	- for the benefit of the insured, after obtaining prior permission from the Company. The costs of treatment by a plastic surgeon shall only be eligible for reimbursement if the injury/injuries are due to an accident.	
	<b>The costs of outpatient medical assistance, namely:</b>	
	4.6.1 Specialist treatment;	
	4.6.2 Related costs;	
	4.6.3 Laboratory tests prescribed by a general physician or specialist charged for by a hospital or laboratory;	
	4.6.4 Treatment by a general physician;	
	4.6.5 Medications;	
	4.6.6 Consulting another specialist (for a second opinion), if the treating specialist has suggested an invasive medical procedure;	
	4.6.7 Patient transport. Where the patient's own transport is used a maximum of € 0.20 per kilometre travelled is paid;	
	4.6.8 Treatments by a physiotherapist/exercise therapist to a maximum of 25 treatments per insured for the insured period;	
	4.6.9 Dental treatment to a maximum of € 500 per insured for the duration of this insurance, exclusively due to an accident.	
	<b>Costs of transporting mortal remains</b>	
	Costs connected with the transportation of the mortal remains of an insured to their country of origin (including the costs of the inner coffin required pursuant to regulations in force). In no case will more than € 12,500 per incident be reimbursed for all of the costs of transporting the mortal remains. A condition is that the insured person has died as a result of an acute illness or accident.	4.7
	<b>Theft or loss of official travel documents</b>	
	If the insured loses their passport, visa or other official travel document without being at fault as a result of theft or loss, the Company will only reimburse the costs of purchasing a 'laissez passer', replacement visa or other replacement travel document with which the insured can continue their journey, not including the costs of travel, accommodation or telecommunications. The amount reimbursed shall be a maximum of € 150 per insured for the insured period.	4.8
	<b>Search and rescue costs</b>	
	This includes the costs necessarily incurred for an insured on the instructions of an official body (e.g. the police) for searching for and rescuing an insured who is missing or has had an accident. A statement from the relevant body must be submitted to the Company, and in the absence of such a statement there shall be no entitlement to payment under this insurance. A maximum of € 10,000 will be paid for search and rescue costs per incident.	4.9
	<b>Repatriation</b>	
	The costs of repatriation will only be	4.10
	reimbursed on condition that:	
	• repatriation is medically necessary in the view of the Company's medical adviser;	
	• permission has been obtained in advance from the Company, which will arrange for the repatriation;	
	• repatriation is from the area covered to the country of origin.	
	This relates to the costs of:	
	4.10.1 patient transportation, including by aeroplane;	
	4.10.2 an air ambulance if the insured cannot travel by other means (e.g. passenger aircraft, road ambulance or taxi) due to their state of health. This method of travel is only insured if the repatriation is with a view to saving the life of the insured and/or preventing or mitigating the expected incapacity of the insured;	
	4.10.3 being accompanied by one or more others where medically necessary.	
	The air travel costs of a scheduled or charter flight will be reimbursed to a maximum of the amount for tourist class travel.	
	The maximum amount payable per insured is € 35,000.	
<b>Article 5.</b>	<b>Exclusions</b>	
	Except where the contrary is expressly stated on the policy schedule there is no entitlement to reimbursement of costs:	
5.1	resulting from any disease, complaint or physical abnormality suffered by the insured before the inception date of this insurance, or anything connected with or resulting from these, even if the insured was not aware of the existence of the relevant disease, complaint or physical abnormality on or before the inception date of this insurance;	5.1
5.2	resulting from diabetes mellitus or any related condition such as e.g. cardiovascular conditions, kidney conditions, eye abnormalities or similar in diabetic patients, unless in the opinion of the medical adviser the costs are not connected with diabetes mellitus;	5.2
5.3	resulting from gallstones or kidney stones, or stone formation elsewhere in the body;	5.3
5.4	due to acts of war;	5.4
5.5	due to or connected with nuclear reactions or the resulting fission products, regardless of how the reactions arose, unless part of a medical treatment provided to the insured;	5.5
5.6	of any check-ups, certificates or dental treatments (by a dentist, oral surgeon or orthodontist) except for treatments listed in Article 4.6.g;	5.6
5.7	of neurological or psychiatric conditions;	5.7
5.8	of prostheses or aids including spectacles, contact lenses and dentures;	5.8
5.9	of sterilisation or sterilisation reversal procedures, fertility treatments, contraceptive methods, pregnancy and birth, abortion, genetic testing or any complications connected with or arising out of these treatments;	5.9

<p>5.10 of preventive medicine, alternative medicine, treatments by a speech and language therapist, or rehabilitation outpatient treatment;</p> <p>5.11 arising while playing any professional or semi-professional sports;</p> <p>5.12 where a claim could be made for reimbursement, a payment or assistance under any other insurance, law or provision whether or not of earlier date, if this insurance did not exist. Then this insurance shall only apply in the last instance. In that case only those losses that exceed the amount that can be claimed elsewhere shall be eligible for reimbursement, payment or assistance;</p> <p>5.13 resulting from sexually transmitted diseases, attempted suicide or the use of alcohol or other narcotic or stimulant substances; soft and hard drugs are included here;</p> <p>5.14 incurred due to a hospital admission if and insofar as the treatment could be postponed until after the end date of this insurance;</p> <p>5.15 as a result of carrying on a profession with the exception of commercial, administrative or supervisory work;</p> <p>5.16 resulting from deliberate action, gross negligence or failure to act on the part of the insured;</p> <p>5.17 resulting from participating in or preparing for racing in motor vehicles or motor craft to compete on speed, records or reliability;</p> <p>5.18 incurred while present in or on board an aircraft other than as a passenger in an aircraft used for civil aviation;</p> <p>5.19 where the Company is deliberately misled by the policyholder, insured and/or any party with an interest (such as a care provider) in making a claim for reimbursement and/or provisions by concealing facts and circumstances of significance to the Company in assessing the claim and/or giving false information. The loss of entitlement to benefits shall relate to the entire claim as submitted for reimbursement and/or provisions, including to any parts of the claim submitted where no facts or circumstances were concealed and no untrue information was given.</p> <p><b>Article 6. Premium payment and suspension</b></p> <p>6.1 The policyholder must pay the premium and costs owed in advance.</p> <p>6.2 Failure to pay the premium or costs shall mean that the insurance is not effective, without any requirement for a notice of default.</p> <p>6.3 In no circumstances will any repayment of premium take place.</p> <p><b>Article 7. Deductible</b> The deductible as stated in the policy must be paid by the policyholder</p> <p><b>Article 8. Excess</b> The excess amount stated on the policy schedule shall be borne by the</p>	<p>policyholder.</p> <p><b>Article 9. General obligation in the event of losses</b></p> <p>9.1 In the event of a sudden illness and/or accident the policyholder/insured must make contact with EUROCROSS International in advance. If the claim relates to repatriation for medical reasons or the transportation of mortal remains then the policyholder must contact the Company immediately.</p> <p>9.2 The policyholder/insured must provide the Company and/or EUROCROSS with all cooperation reasonably requested and provide information truthfully.</p> <p>9.3 The policyholder/insured must:</p> <p>9.3.1 in the event of a hospital admission, inform EUROCROSS of this where possible in advance and otherwise within a week of the admission;</p> <p>9.3.2 in the event of an accident or illness call in medical assistance immediately;</p> <p>9.3.3 authorise the treating general physician or medical specialist to inform the Company's medical adviser of the reason for the admission;</p> <p>9.3.4 submit original documentary evidence;</p> <p>9.3.5 list all original receipts in such a way that it is possible to see from them without further enquiry what amounts the Company is required to reimburse. Payment will take place on the basis of original receipts;</p> <p>9.3.6 assist the Company in having recourse against any third party liable;</p> <p>9.3.7 where requested, provide all cooperation to the Company and its medical adviser in obtaining all information desired.</p> <p>If any of the obligations listed are not complied with, no claim for reimbursement can be made.</p> <p><b>Article 10. Tasks of EUROCROSS</b></p> <p>10.1 EUROCROSS shall provide its services within a reasonable period and in consultation with the insured or those acting for them insofar as this is not made impossible by government regulations or other external circumstances. EUROCROSS shall be free to choose the parties engaged to provide the assistance.</p> <p>10.2 EUROCROSS shall be deemed to have entered into commitments on behalf of the insured or those acting for them and in their name.</p> <p>10.3 Except for its own shortcomings or mistakes, EUROCROSS shall not be liable for losses resulting from mistakes or shortcomings on the part of third parties, without prejudice to the liability of those third parties themselves.</p> <p><b>Article 11. Changes in risks</b> Any changes adversely affecting rights and obligations under this insurance agreement shall be notified to the Company in writing as soon as possible</p>	<p>and in any event within 15 days of when the change occurred. If the policyholder fails to comply with this provision the right to any compensation for loss shall lapse.</p> <p><b>Article 12. Repayment for uninsured services</b> The insured must pay invoices from the Company or EUROCROSS for services, costs and similar not covered by this insurance within 30 days of the invoice dates. If such invoices are not paid, debt collection measures may be taken without further notice. The costs of these, whether or not in connection with legal proceedings, shall be entirely for the insured's account.</p> <p><b>Article 13. Indemnity</b> The Company shall not be liable to the policyholder/insured for any losses suffered by them as a result of any act or omission in relation to medical interventions by a service provider to whom the policyholder or insured turns for medical care in the context of the present medical insurance.</p> <p><b>Article 14. Duration and end of the insurance</b></p> <p>14.1 The insurance has been arranged for the period stated on the policy schedule.</p> <p>14.2 It is expressly provided that the Company shall not have the right to end the insurance earlier except at a point to be determined by it in circumstances as referred to in Article 2.1 or in the event of suspension within the meaning of Article 6.</p> <p>14.3 No extension to the insurance period shall be possible. However a new contract may be entered into.</p> <p><b>Article 15. Disputes</b> All entitlement to compensation for losses shall lapse:</p> <ul style="list-style-type: none"> <li>• if no claim is made within one year of the entitlement arising.</li> <li>• if, in the event that the insurer rejects a claim in full or in part, no proceedings are issued at the competent court within 90 days from the day of rejection.</li> </ul> <p><b>Article 16. Fraud</b> Fraud (full or partial) shall have the following consequences:</p> <p>16.1 No insurance benefits will be provided at all;</p> <p>16.2 The matter will be reported to the police;</p> <p>16.3 All insurance policies under which the party committing fraud is the policyholder and/or the insured will be ended automatically and immediately. This applies to insurance policies arranged with the Company;</p> <p>16.4 Repayment of any benefits paid and of the costs of investigations will be demanded at the expense of the insured.</p> <p><b>Article 17. Applicable law</b> The laws of Suriname shall apply to this agreement.</p>
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