



# Advice to Travellers

## Important Phone Numbers

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Please make a note of the following phone numbers or add them to **Your** mobile; **You** may need them if **You** need to make a **Claim**.

### Chubb Claims

Use the Claims Portal found [here](#).  
Telephone: +359 2448 6377  
(Monday - Friday, from 9.00 to 16.30)  
Email:  
[travelinsurance.bla@crowford.com](mailto:travelinsurance.bla@crowford.com)

### Chubb Customer Service

Telephone: +359 2448 6377  
(Monday - Friday, from 9.00 to 16.30)  
Email:  
[travelinsurance.bla@crowford.com](mailto:travelinsurance.bla@crowford.com)

## Helpful hints for your insurance

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- Take copies of **Your** policy documents on **Trip** with **You**;
- Report any **Loss** of theft to the hotel or local police within 24 hours and get a report from them;
- Keep **Valuables** safe (for example in a safety deposit box);
- Don't leave **Valuables** lying around or in view of other people;
- Contact **Us** for advice before incurring costs that **You** would seek to subsequently **Claim** for under this Policy +359 2448 6377.
- To make claim: Use the Claims Portal found [here](#).

## Immunisations

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**You** may need extra immunisations when travelling **Abroad**. Check whether **You** do before travelling online at:  
<http://www.mh.government.bg/bg/informaciya-za-grazhdani/imunizacii/>

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BG-EN/WIZZ/PP/122021

## Welcome

### Thank you for choosing Chubb Personal Property Insurance.

This is **Your** Policy Wording which, together with **Your** Certificate of Insurance and the information supplied when applying for this insurance, is a contract between **You** and **Us**.

**Your** Policy Wording together with **Your** Certificate of Insurance signed by **Us** will be sent to **You** by email, to the email address specified by **You** with **Your** online application for purchasing this product at [www.wizzair.com](http://www.wizzair.com). **Your** insurance contract shall be considered concluded from the moment when **You** receive, through electronic means at **Your** email address, **Our** confirmation email for conclusion of the contract, along with the Policy Wording and **Your** Certificate of Insurance attached thereto.

Cover provided under this Policy is underwritten by Chubb European Group SE (**We/Us**).

This Policy pays benefits, in accordance with this Policy Wording, in the event that **You** suffer **Loss** or damage to **Your Personal Property** whilst on a **Trip**.

This Policy does not cover any peril which is not listed.

**You** (as specified in the Certificate of Insurance) and **Chubb** agree that **You** shall pay the premium as agreed. The Certificate of Insurance and this Policy Wording provide the full terms and conditions of the insurance with **Us**. **You** acknowledge that **We** have offered this Policy and set the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided by **You** may result in a change in the terms and conditions of the Policy and/or a change in the premium.

**You** should check over the Policy Wording and Certificate of Insurance carefully to ensure they are correct and meet **Your** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. **You** should keep these documents in a safe place. **You** must tell **Us** if either **Your** insurance needs or any of the information **You** have given **Us** changes. A change in circumstances may affect Policy cover, even if **You** do not think a change is significant, and **We** may need to change this Policy. **We** will update the Policy and issue a new Certificate of Insurance each time a change is agreed.

## Table of Benefits

Section	Benefit Amounts / Limit of Liability	Excess <sup>1</sup>
1. Personal Effects and Baggage		
A. Loss, damage or theft	up to <b>2,000 ЛВ.</b>	✓
Single item limit	<b>500 ЛВ.</b>	
Valuables in total	up to <b>500 ЛВ.</b>	
Sports equipment in total	up to <b>500 ЛВ.</b>	
B. Delayed Baggage	up to <b>400 ЛВ.</b>	✗

<sup>1</sup> A 100 ЛВ. excess applies to each benefit section per person as highlighted in the table above.

The table above shows the maximum amounts that are covered under the Policy per Person Insured.

# Important Information

## How to Claim

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Guidance on how to make a **Claim** under this Policy is detailed on page 11 in this Policy Wording.

## How to Cancel

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Guidance on how to cancel this Policy is detailed on page 14 in this Policy Wording.

## General Conditions and General Exclusions

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There are certain Conditions and Exclusions which apply to all sections of this Policy, and these are detailed on page 10 and 14 to 15 in this Policy Wording.

## Persons Covered

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All **Persons Insured** on this Policy must be permanently resident in **Bulgaria** and be in **Bulgaria** at the time of purchasing this Policy.

## Policy Definitions

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Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 16 to 17 in this Policy Wording.

## Children

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**Children** will only be covered when they are travelling with an adult named under **Person(s) Insured** on the Certificate of Insurance.

## Trips Covered

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A **Trip Abroad** during the **Period of Insurance** that takes place entirely within the Area of Travel stated in the Certificate of Insurance, as long as **You** have booked a return flight to **Your** country of origin before **You** depart for **Your Trip**.

## Trips Not Covered

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**We** will not cover any **Trip** involving travel to areas where the Ministry of Foreign Affairs has advised against travel. If **You** are not sure whether there is a travel warning for **Your** destination, please check their website: <http://www.mfa.bg/120/patuvamza>.

## The Cover We Provide

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The maximum amount **We** will pay under each Section that applies is detailed in the Table of Benefits on page 6 in this Policy Wording.

## When You Are Covered

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Insurance cover operates for a **Trip** that takes place during the **Period of Insurance**.

## When Cover Will End Automatically

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All cover will end when the **Period of Insurance** ends.

## Section 7 – Personal Effects & Baggage

### What is covered

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A. **Loss**, damage or theft

If **Personal Property** is **Lost**, damaged or stolen during **Your Trip**, **We** will pay **Repair and Replacement Costs** up to the amount stated in the Table of Benefits.

B. Delayed Baggage

If **Personal Property** is **Lost** or misplaced for at least 12 hours on **Your** outbound journey by the airline or other carrier, **We** will pay up to the amount stated in the Table of Benefits to reimburse **You** for the cost of essential items of clothing, medication, toiletries and **Mobility Aids** that **You** have to purchase.

### Special Conditions

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1. **You** must take reasonable care to keep **Your Personal Property** safe. If **Your Personal Property** is **Lost** or stolen **You** must take all reasonable steps to get it back.
2. **Valuables** must be attended by **You** at all times when not contained in a locked safe or safety deposit box.
3. If **Your Personal Property** is **Lost** or stolen **You** must make every reasonable effort to report it to the police (and hotel management if the **Loss** or theft occurs in a hotel) within 24 hours of discovery and **You** must provide **Us** with a copy of the original written police report.
1. **Loss**, theft or damage to **Personal Property** in the custody of an airline or other carrier must be reported in writing to the airline or other carrier within 24 hours of discovery and **We** must be provided with a copy of the original written airline or carrier's Property Irregularity report;
2. Where **Personal Property** is temporarily **Lost** or misplaced by an airline or other carrier **We** must be provided with original written confirmation from such airline or other carrier or the tour representative that the delay lasted for at least 12 hours after **You** arrived at **Your** destination.
3. If **You** have been paid for emergency purchases of essential items and **You** then also **Claim** for **Loss**, damage or theft of **Personal Property** resulting from the same item, cause or event, the amount paid to **You** for emergency purchases will be deducted from the final settlement payment. However, any deduction will not be any more than the amount paid for emergency purchases.

### What is not covered

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1. More than the amount stated in the Table of Benefits for:
  - A. a single item, pair or set, or part of a pair or set;
  - B. **Valuables** in total;
  - C. sports equipment in total
2. **Loss** or theft of **Valuables** left **Unattended** unless contained in a locked safe or safety deposit box.
3. **Loss** or theft of any **Personal Property** (other than **Valuables**) left **Unattended** unless:
  - A. contained in
    - i) a locked room; or
    - ii) a locked safe or safety deposit box; or
    - iii) the locked glove box or boot of a vehicle or in the luggage space at the rear of a locked estate car or hatchback under a top cover and out of view;

- and there is evidence of forced entry to the room, safe, safety deposit box or car, or the car has been stolen;
- B. in the custody or control of an airline or other carrier.
4. **Loss**, theft or damage to:
- A. antiques, musical instruments, pictures, household goods, contact or corneal lenses, dentures, or dental fittings, hearing aids, bonds, securities or documents of any kind;
  - B. sports equipment whilst being used, vehicles or their accessories (other than **Mobility Aids**), watercraft and ancillary equipment, glass china or similar fragile items and pedal cycles;
  - C. business equipment, business goods, samples, business **Money**, tools of trade or any other item used in connection with **Your** business, trade or occupation;
5. Depreciation in value, normal wear and tear, denting or scratching, damage by moth or vermin, electrical, electronic or mechanical breakdown, or damage **Due To** atmospheric or climatic conditions.
6. Delay, detention, seizure or confiscation by customs or other officials.
7. The **Excess** (not applicable to delayed baggage **Claims**).

# General Exclusions

Exclusions that apply to the whole Policy.

**We** will not pay any **Claims** which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, **Bulgaria** or United States of America.

Applicable to US Persons only: Policy cover for a **Trip** involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons shall be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business that is owned or controlled by such persons.

**You** should contact **Us** on +359 2448 6377 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, **Bulgaria** or United States of America.

**We** will not be liable to make any payment under this Policy where:

1. **Persons Covered**  
**You** do not meet the criteria detailed under Important Information on page 7 of this Policy.
2. **Children travelling alone**  
**You** are a **Child** travelling or booked to travel without an adult **Person Insured** named in the Certificate of Insurance.
3. **Trips not covered**  
**Your Trip** is described under "Trips Not Covered", on page 7 of this Policy.
4. Any expenses which are recoverable (whether successful or not) by an **Insured Person** from:
  - A. any tour operator, travel provider, airline, hotel or other service provider under the terms of any contract or any relevant law or regulation; or

B. any compensation scheme.

## 5. any Claim is Due To:

- A. **Currency**  
Currency exchange, including but not limited to any loss of value or currency conversion fees
- B. **Illegal Acts**  
Any illegal act by **You**.
- C. **Alcohol/drugs**
  - i) **Alcohol**  
**You** drinking too much alcohol, alcohol abuse or alcohol dependency. **We** do not expect **You** to avoid alcohol on **Trips**, but **We** will not cover any **Claims** arising because **You** have drunk so much alcohol that **Your** judgement is seriously affected and **You** need to make a **Claim** as a result.
  - ii) **Drugs**  
**You** taking any drugs in contravention of the laws applicable to the country **You** are travelling to, or having an addiction to or abusing any medications, or being under the influence of any non-prescribed medication which is classified as a legal high in the country **You** are travelling to.
- D. **Radiation**
  - i) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel; or
  - ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.
- E. **Sonic waves**  
pressure waves from aircraft and other airborne devices travelling at sonic or supersonic speeds.
- F. **War**  
**War** or any act of **War** whether **War** is declared or not.
- G. **Financial Failure**  
The financial failure of a tour operator, travel agent, transport provider, accommodation provider, ticketing agent or excursion provider.

## Making a Claim

Conditions that apply to the whole Policy.

**You** must notify **Us** immediately online, telephone or email as soon as reasonably possible and within 30 days of becoming aware of anything likely to result in a **Claim**.

A personal representative can do this for **You** if **You** cannot.

**We** can be contacted at:

Email:

[travelinsurance.bla@crowford.com](mailto:travelinsurance.bla@crowford.com)

Tel: +359 2448 6377

Use the Claims Portal found [here](#).

## Reporting Lost, Stolen or Damaged Property

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1. **Lost or stolen Personal Property.**  
**You** must make every reasonable effort to obtain a police report within 24 hours of discovery.
  - If **Lost** or stolen from a hotel, **You** must make every reasonable effort to notify the hotel management; and
  - Provide **Us** with a copy of the original written reports.
2. **Personal Property Lost**, stolen or damaged whilst in the custody of an airline or other carrier.  
**You** must notify the airline or other carrier in writing within 24 hours of discovery and provide **Us** with a copy of the original Property Irregularity Report.

# Claim Conditions

## Other Insurance

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If, at the time of an incident which results in a **Claim** under this Policy, there is any other insurance covering the same **Loss**, damage, expense or liability, **We** are entitled to approach that insurer for a contribution towards the **Claim**, and will only pay **Our** proportionate share.

## Recovering Our Claims Payments from Others

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**We** are entitled to take over and carry out in **Your** name the defence or settlement of any legal action. **We** may also take proceedings at **Our** own expense and for **Our** own benefit, but in **Your** name, to recover any payment **We** have made under this Policy to anyone else.

## Complying with Special Conditions

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**You** must comply with the Special Conditions detailed in the relevant Section of this Policy.

## Supplying Details & Documents

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**You** must supply at **Your** own expense any information, evidence and receipts **We** require including police reports and other reports.

## Your Duty to Avoid or Minimise a Claim

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**You** and each **Person Insured** must take ordinary and reasonable care to safeguard against **Loss**, damage as though **You** were not insured. If **We** believe **You** have not taken reasonable care of property, the **Claim** may not be paid. The items insured under this Policy must be maintained in good condition.

## Protecting Property

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**You** must take all reasonable steps to protect any item or property from further **Loss** or damage and to recover any **Lost** or stolen article.

## Sending Us Legal Documents

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**You** must send **Us** any original writ, summons, legal process or other correspondence received in connection with a **Claim** immediately when it is received and without answering it.

## Subrogation

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**We** may take action in **Your** name to recover compensation or security for loss, damage or expenses covered by this insurance. **You** will not have to pay anything towards this action but **We** will be entitled to retain some or all of any amount recovered.

## Things You Must Not Do

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**You** must not do the following without **Our** written agreement:

1. admit liability, or offer or promise to make any payment; or
2. sell or otherwise dispose of any item or property for which a **Claim** is being made

## Recognising Our Rights

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**You** and each **Person Insured** must recognise **Our** right to:

1. choose either to pay the amount of a **Claim** (less any **Excess** and up to any Policy limit) or repair, replace or reinstate any item or property that is damaged, **Lost** or stolen;
2. inspect and take possession of any item or property for which a **Claim** is being made and handle any salvage in a reasonable manner;
3. take over and deal with the defence or settlement of any **Claim** in **Your** name and if a settlement is made without costs being awarded, determine what proportion of those costs should be paid for costs & expenses and paid to **Us**;
4. settle all **Claims** in Bulgarian Lev;
5. be reimbursed within 30 days for any costs or expenses that are not insured under this Policy, which **We** pay to **You** or on **Your** behalf;

## Fraudulent Claims

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**We will not pay dishonest Claims. If You make a dishonest Claim, We may cancel Your cover.**

## Paying Claims

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- A. If **You** are 18 years or over, **We** will pay the **Claim** to **You** and **Your** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.
- B. If **You** are aged under 18 years and covered under this Policy as the **Partner** of a **Person Insured**, **We** will pay the **Claim** to **Your Partner** for **Your** benefit. In all other circumstances **We** will pay the appropriate benefit amount to **Your Parent** or **Legal Guardian** for **Your** benefit. **Your Partner's** or **Parent** or **Legal Guardian's** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

# General Conditions

Conditions that apply to the whole Policy.

## Contract

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This Policy, the Certificate of Insurance and any information provided in **Your** application will be read together as one contract.

## Choice of Law

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This Policy shall be governed by and interpreted in accordance with the laws of **Bulgaria** and Bulgarian Courts alone shall have jurisdiction in any dispute. All communication in connection with this Policy shall be in Bulgarian.

## Third Party Rights

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Only **You** and **Us** can enforce the terms of this Policy. No other party may benefit from this contract as of right. This Policy may be varied or cancelled without the consent of any third party.

## Compliance with Policy Requirements

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**You** (and where relevant **Your** representatives), shall comply with all applicable terms and conditions specified in this Policy. If **You** do not comply, **We** will only pay part of any **Claim** that **We** would have had to pay if **You** had complied in full.

## Changing Your Policy

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1. If **You** want to change **Your** Policy  
If any of the information **You** have given **Us** changes **You** must telephone (and confirm in writing if **We** request **You** to do so), email or write to **Us** immediately after becoming aware of the change.
2. If **We** want to change **Your** Policy  
**We** reserve the right to make changes or add to these Policy terms for legal or regulatory reasons and/or to reflect new industry guidance and codes of practice. If this happens **We** will write to **You** with details at least 30 days before **We** make any changes. **You** will then have the option to continue with or to cancel the Policy.

Any change made to **Your** Policy will begin on the date that the Certificate of Insurance is issued to **You** by **Us**.

If **We** change **Your** policy and as a result of those changes **You** wish to cancel **Your** policy, **We** will send **You** a pro-rata refund unless **You** have made a **Claim** under this Policy in which case no refund will be made.

## Cancelling Your Policy

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1. If **You** want to cancel **Your** Policy  
14 day cancellation right  
If, for any reason, **You** are not satisfied with this Policy, **You** may, within 14 days of receiving **Your** Policy and Certificate of Insurance contact **Us** and **We** will cancel it. If this happens the Policy will have provided no cover and **We** will refund any premiums **You** have paid, providing **You** have not already travelled and no **Claim(s)** have been reported or paid.

After 14 days **You** may cancel **Your** policy, but **We** will not pay **You** a refund of any premium **You** have paid.

**Our** contact details are:

Email:  
[travelinsurance.bla@crowford.com](mailto:travelinsurance.bla@crowford.com)  
Tel: +359 2448 6377

2. If **We** want to cancel **Your** Policy  
**We** can cancel this Policy by giving **You** 30 days written notice. **We** will only do this for a valid reason. Examples of valid cancellation reasons include attempted or actual fraud, or where **We** are ordered or instructed to cancel this Policy by a regulator, court, or other law enforcement agency. If **We** cancel the Policy **We** will refund any premium **You** paid for the cancelled period provided **You** have not made a **Claim** under the Policy during the current **Period of Insurance**.

## Other taxes or costs

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**We** are required to notify **You** that other taxes or costs may exist which are not imposed or charged by **Us**.

## Misrepresentation and Non-Disclosure

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**You** must take reasonable care to ensure that all of the information provided to **Us** in the application process, in the "Declaration", by correspondence, over the telephone, on claim forms and in other documents is true,

complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a **Claim** may not be paid. **You** acknowledge that **We** have offered the Policy and calculated the premium using the information which **We** have asked for and **You** have provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

### Interest

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No sum payable by **Us** under this Policy shall carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

### Bank Charges

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**We** shall not be liable for any charges applied by **Your** bank for any transactions made in relation to a **Claim**.

### Complaints procedures

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**We** are dedicated to providing a high quality service and want to maintain this at all times. If **You** are not satisfied with this service, please contact **Us**, quoting **Your** Policy details, so **We** can deal with the complaint as soon as possible.

If **You** have a complaint about the sale of **Your** Policy, the Customer Service **You** have received or the way **Your Claim** has been handled please contact:

Tel: +359 2448 6377  
Email: [service@broadspire.eu](mailto:service@broadspire.eu)

**You** can approach the Financial Supervision Commission for assistance if there is dissatisfaction with **Our** final response or after one month from making the complaint if not resolved satisfactorily. Contact details are given below.

Financial Supervision Commission  
1000 Sofia, 16 Budapeshta str.  
Tel: +359 2940 4999

## General Definitions

Fax: +359 2829 4324  
Email: [bg\\_fsc@fsc.bg](mailto:bg_fsc@fsc.bg)

Following these complaints procedures does not reduce **Your** statutory rights relating to this Policy.

### European Online Dispute Resolution Platform

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If **You** arranged **Your** Policy with **Us** online or through other electronic means, and have been unable to contact **Us** either directly or through the Financial Supervision Commission, **You** may wish to register **Your** complaint through the European Online Dispute Resolution platform:  
<http://ec.europa.eu/consumers/odr/>.

### Sanctions Clause

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**We** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision such cover, payment of such claim or provision of such benefit would expose **Us** to any sanctions, prohibition or restriction implemented pursuant to resolutions of the United Nations or the trade and economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or national law.

The following words and phrases below will always have the following meanings wherever they appear in the Policy and Certificate of Insurance in bold type and starting with a capital letter.

**Abroad**

Outside **Bulgaria**

**Any One Claim**

All **Claims** or legal proceedings including any appeal against judgment consequent upon the same original cause, event or circumstance.

**Bulgaria**

The Republic of Bulgaria

**Child, Children**

A person under 18 years of age at the time the Policy is purchased.

**Chubb**

Chubb European Group SE

**Claim, Claims**

Single loss or a series of losses **Due To** one cause covered by this Policy.

**Due To**

Directly or indirectly caused by, arising or resulting from, or in connection with.

**Europe**

Albania, Andorra, Austria, Belarus, Belgium, Bosnia-Herzegovina, Canary Islands, Channel Islands, Croatia, Czech Republic, Denmark, Eire, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Mediterranean Islands (including Majorca, Menorca, Ibiza; Corsica; Sardinia; Sicily; Malta, Gozo; Crete, Rhodes and other Greek Islands; Cyprus), Moldova, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation (West of Urals), Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom.

**Excess**

The first amount stated in the Table of Benefits of any **Claim** which each **Person Insured** must pay for each Section of the Policy that is claimed under.

**Insured Adult**

A person named in the Certificate of Insurance.

**Loss, Lost, Losses**

**Your Personal Property** that are covered under this Policy:

1. have been accidentally or unintentionally left in a location and they have then disappeared; or
2. are in a known location, but **You** are not reasonably able to retrieve them; or
3. have disappeared and **You** are not sure how it has happened

**Mobility Aid, Mobility Aids**

Any crutch, walking stick, walking frame, wheeled walking frame, walking trolley, evacuation chair, wheelchair, powered wheelchair or mobility scooter constructed specifically to aid persons suffering from restricted mobility but excluding any golf buggy or golf trolley.

**Money**

Coins, banknotes, traveller's cheques, postal or money orders, travel tickets, pre-paid vouchers, non-refundable pre-paid entry tickets and debit, credit, payment, prepayment and/or charge cards.

**Parent or Legal Guardian**

A person with parental responsibility, or a legal guardian or custodian, in accordance with Bulgarian Family Code and any statutory amendment modification or re-enactment of it.

**Partner**

**Your** spouse or civil partner or someone of either sex with whom **You** have been living for at least three months as though they were **Your** spouse or civil partner.

**Period of Insurance**

Period of cover commencing at 00.01 or any later time the Certificate of Insurance is issued and ending on the date shown on **Your** Certificate of Insurance.

**Personal Property**

1. Any suitcase, trunk or container of a similar kind and its contents;
2. any **Mobility Aid**;
3. **Valuables**,
4. any other article worn or carried by **You**; that is not otherwise excluded and which is either owned by **You** or for which **You** are legally responsible.

**Repair and Replacement Costs**

The cost of repairing partially damaged property, or, if property is totally **Lost** or destroyed or uneconomical to repair, the cost of replacing property as new less a deduction for wear, tear or depreciation. (Note: **We** will pay a reasonable proportion of the total value of a set or pair to repair or replace an item that is part of a set or pair).

**Trip**

A journey **Abroad** involving pre-booked travel or accommodation

**Unattended**

Where **You** are not in full view of or in a position to prevent unauthorised taking or interference with **Your Personal Property** or vehicle.

**Valuables**

Cameras and other photographic equipment, telescopes and binoculars, audio/video equipment (including radios, iPods, mp3 and mp4 players, camcorders, DVD, video, televisions, and other similar audio and video equipment), mobile phones, satellite navigation equipment, computers and computer equipment (including PDAs, personal organisers, laptops, notebooks, netbooks, iPads, tablets and the like), computer games equipment (including consoles, games and peripherals) jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals.

**War**

Armed conflict between nations, invasion, act of foreign enemy, civil war or taking power by organised or military force.

**We, Us, Our, Ourselves**

Chubb European Group SE

**You, Your, Person(s) Insured**

All persons named in the Certificate of Insurance being resident in **Bulgaria**. Each person is separately insured with the exception of any **Child** unless travelling with an **Insured Adult**.

## Data Protection

**We** use personal information which **You** supply to **Us** in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as **Your** name, address, and policy number, but may also include more detailed information about **You** (for example, **Your** age, health, details of assets, claims history) where this is relevant to the risk **We** are insuring, services **We** are providing or to a claim **You** are reporting.

**We** are part of a global group, and **Your** personal information may be shared with **Our** group companies in other countries as required to provide coverage under **Your** policy or to store **Your** information. **We** also use a number of trusted service providers, who will also have access to **Your** personal information subject to **Our** instructions and control.

**You** have a number of rights in relation to **Your** personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how **We** use **Your** personal information. For more information, **We** strongly recommend **You**

read **Our** user-friendly Master Privacy Policy available here:

<https://www2.chubb.com/uk-en/footer/privacy-policy.aspx>.

**You** can ask **Us** for a paper copy of the Privacy Policy at any time, by contacting **Us** at <mailto:dataprotectionoffice.europe@chubb.com>.

## Contact Us

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Branch in Poland  
18 Królewska Street  
00-103 Warsaw  
Tel: 22 452 39 99  
Email: [poland.office@chubb.com](mailto:poland.office@chubb.com)

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[www.chubb.com/pl](http://www.chubb.com/pl)

## About Chubb

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients.

The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally.

The insurance companies of Chubb serve multinational corporations, midsize and small businesses with property and casualty insurance and services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, home and car insurance and other specialty insurance coverage; companies and affinity groups providing or offering accident and health insurance programmes and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage. Chubb's core operating insurance companies maintain financial strength ratings of AA from Standard & Poor's and A++ from A.M. Best. Chubb's parent company is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

## Chubb. Insured.<sup>SM</sup>

Chubb European Group SE European company Branch in Poland, whose registered office is in Warsaw, address: ul. Królewska 18 00-103 Warsaw, registered in the Register of Entrepreneurs kept by the District Court for the City of Warsaw in Warsaw, XII Commercial Division of the National Court Register under the company number KRS 0000233686, Taxpayer Identification Number (NIP) 1080001001, statistical number (REGON) 140121695. Chubb European Group SE is an insurance undertaking governed by the provisions of the French insurance code, registered in Commerce and Companies Registry (Registres du Commerce et des Sociétés – RCS) in Nanterre with registration number 450 327 374 and with the registered office in France, address: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Chubb European Group SE has fully paid share capital of €896,176,662. CEG provides insurance cover in Bulgaria on the basis of freedom of services without a branch.