

**INSURANCE COVER FOR TRAVELS MADE ABROAD AFFERENT TO Visa Electron CARDS
Euro<26 and Mastercard Banca Transilvania - Omnipass issued by Banca Transilvania
- general conditions-**

Within the content of these conditions, the following definitions shall apply:

Accident:	Event due to an unforeseen, external, violent, fortuitous cause that is absolutely independent of the Insured party's will and causes to it bodily damages or death;
Insured party:	Physical person, holder of a VISA ELECTRON EURO<26/ MASTERCARD BANCA TRANSILVANIA -OMNIPASS issued by Banca Transilvania, who temporarily travels abroad, having an age ranging from 14 to 35 years;
Insurer:	Groupama Asigurări S.A., authorized by the Insurance Supervisory Commission under no. RA – 009/10.04.2003, which in consideration of the insurance premium collected, undertakes to pay the Insured party the insurance indemnification due, in accordance with the contractual terms;
Beneficiary:	Physical person which collects the insurance indemnification in case the insured risk occurs;
Illness:	An abnormal condition of the body, detectable from a medical standpoint, which affects either the entire body or any part thereof;
Travel abroad:	Travel made by the insured Party outside the territorial borders of Romania, of its country of citizenship, of its country of residence, from the time it crossed these borders until it came back within those borders, within the borders of the Insured party's country of citizenship or of residence;
Insurance card:	document issued by the Insurer confirming that an Insurance agreement was entered into, where the contracting parties are mentioned, including the Insurer's / Assistance Company contact data, the insured party's identification data and the period insured;
Medical assistance company:	EUROP ASSISTANCE, which acts in the Insurer's name and is jointly liable with the latter in order to meet the conditions mentioned in the insurance policy;
Pre-existing conditions:	any illness or bodily damage that was diagnosed by a physician before the insurance period began;
Insurance agreement:	the legal deed that is entered into by and between the insurance Contracting party/Insured party and Insurer, whereby the insurance Contracting party/Insured party undertakes to pay the insurance premium, and the Insurer undertakes pay the compensation to the insured party in case the insured risk occurs, within the terms and the limits agreed ;
Contracting party:	The legal entity who executes the insurance agreement and undertakes to pay the insurance premium, respectively Banca Transilvania;
Occurrence date of the insured event:	In case of illness, it shall be the first day the diagnosis is established or the date when the insured party acknowledges for the first time the existence of the illness; in case of accident, it shall be the date the accident occurred;
Length of insurance:	The period of time expressed in number of days, delimited by the start date and by the end date of the insurance cover, equal to the validity period of the VISA ELECTRON EURO<26/ MASTERCARD BANCA TRANSILVANIA – OMNIPASS credit card;
Event insured:	Event mentioned in the contractual terms subsequent to which the Insured party grants compensations based on the insurance conditions;
Excess:	The amount established / period of time up to/during which GROUPAMA ASIGURARI does not undertake its payment obligation. The compensations requested up to such amount shall be incurred by the insured party;
Act of God:	Situation invoked by one of the parties, substantiated with documents issued by the competent public authorities, unpredictable at the time the policy was taken out, unavoidable, independent of the parties' will, having prevented one of the parties from performing their contractual obligations, although it has made all the diligent efforts necessary in order to fulfill those obligations.
Insurance indemnification:	Amount due by GROUPAMA ASIGURĂRI to the Insured party/Beneficiary in case the insured risk occurs that cannot exceed the amount insured;
Maximal limit of compensation:	The maximal amount payable by Groupama Asigurări in connection with the occurrence of an accident, regardless of the number of persons insured involved in such accident. Should an accident occur causing the maximal limit to be exceeded, such shall be distributed equally to all the persons insured, taking into consideration the maximal amounts insured for that section;
Physician:	Person who holds a specialty degree, issued by the authorities within the field, professing on the basis of a valid authorization of free practice;
Insurance premium:	The amount of money due by the Insured party / Contracting party in consideration of the Insurer taking over the risk;

Eligible person:	Any person who holds a VISA ELECTRON EURO<26/ MASTERCARD BANCA TRANSILVANIA – OMNIPASS credit card, issued by Banca Transilvania, with transactions performed during the last 3 months prior to the occurrence of the insured event, having an age ranging between 14 and 35 years old;
Insured risk:	Future, possible, uncertain event, included in the insurance cover that once it occurs, it binds the Insurer to pay the Insured party /Beneficiary the insurance indemnification in accordance with the clauses and limits established in the insurance policy;
Relatives of the insured party:	Husband, wife, children, (for which the Insured party has the capacity as legal tutor) the spouse's parents.
Hospital:	Sanitary unit, public or private, provided with medical and auxiliary staff, qualified in providing specialized medical assistance, specialized facilities and medical equipment in order to grant medical care and diagnosis services and treatment under permanent regime to hospitalized patients. The nursing stations for narcomaniacs or alcoholics, the retirement homes and rest homes in general and physio-therapeutical cabinets shall not be considered hospitals.
Leisure sports:	Sportive physical activity made occasionally for recreation purposes, as an amateur, in normal and safety conditions, with a medium risk probability that an accident should occur (ex.: ski, nautical ski, swimming, snowboarding, skating (including roller-skating), surfing, riding, carting, soccer, tennis, basketball, handball, volleyball, shooting, diving below 30 meters, cycling, golf, billiards, bowling, paintball etc.) the description here above is not limitative nor exhaustive; for other leisure sports one shall proceed by assimilation;
Education:	secondary, post-secondary, post-university and doctoral;
Amount insured:	Maximal limit of the insurance indemnification that GROUPAMA ASIGURĂRI pays in case the insured risk occurs and which is mentioned in the insurance agreement;
Tourist:	The person who makes travels abroad for tourism purposes, the visit to relatives / acquaintances;

1. CONCLUSION OF THE INSURANCE AGREEMENT

1.1 The insurance cover shall enter into force once the cards VISA ELECTRON EURO<26/ MASTERCARD BANCA TRANSILVANIA - OMNIPASS, are issued for the clients of Banca Transilvania, travelling outside the borders of Romania, of the country of citizenship or of the country of residence, in its capacity as a tourist or for studies. The insurance cover is valid for the validity duration of the credit card, provided that the insurance premium is paid.

1.2 The insurance cover shall start to produce its effects on the date mentioned on the insurance card, at 00.00, or as soon as the Romanian/the country of citizenship/country of residence borders are crossed.

1.3 The excess is of 50 Euros out of the value of each claim. The claims with a value inferior to 50 Euros are not reimbursable.

2. OBJECT OF INSURANCE

2.1 In case of accident or of sudden illness, the Insurer shall compensate the medical expenses requested by the emergency treatment, necessary to be performed during the travel abroad, as well as the repatriation expenses, the delay of registered luggage, the interruption of journey, in accordance with the risks insured hereunder:

RISKS INSURED	AMOUNT INSURED/PERS.
1. 24H Emergency Medical expenses – Accident and Illness a) Medical expenses (outpatient treatment, medicines, radiographic diagnosis, hospitalization, emergency surgical interventions) b) Emergency Medical Transport c) Medical Repatriation d) Emergency Medical Treatment e) Repatriation of Dead Body Excess Services free-of-charge : - Visit of a relative (parent, spouse, etc.) in case of the Insured party's hospitalization for a period of more than 10 days - Repatriation of underage children in their country in case of the Insured party's hospitalization for a period of more than 10 days - the carrying out of emergency phone calls	30.000 EUR Out of which: d) Max. 200 EUR e) Max. 7.000 EUR 50 EUR Max. 100 EUR
2.Delay of Registered Luggage Deductible period (number of hours)	Max. 1.000 EUR 4 ORE
3.Interruption of the journey	Max. 300 EUR

The purpose of travel is tourism and studies. The insurance policy covers multiple travels made during the insured period.

2.2 Risks insured

2.2.1 The risks insured occurred during the insurance period, while the travel abroad took place, binding the Insurer to pay the Insured party /Beneficiary the insurance indemnification due as per the contractual terms, include:

2.2.1.1 – Emergency medical assistance, representing:

a) medical diagnosis; the outpatient medical treatment; the medicines and auxiliary material prescribed by the physician; the medical materials meant to help stabilize parts of the body based on medical recommendations (In case of fractures, injuries, etc.);

b) the stationary treatment in a medical institution (hospital only) under the direct supervision of a physician, using only medical methods acknowledged and approved. The nearest hospital shall be used where there is the possibility to provide the adequate treatment. The hospitalization-related expenses shall be covered only until the Insured party's condition allows the repatriation thereof;

2.2.1.2 – the Insured party's emergency transport carried out by the ambulance services to the nearest hospital, to the nearest physician or the transfer to a specialty clinic, if recommended by the physician;

2.2.1.3 – the Insured party's transport to the town of domicile or to the nearest hospital in Romania/ the country of citizenship /the country of residence where it can receive the treatment recommended by the physician (medical repatriation).

The Insured party's medical repatriation when it is under the impossibility to travel alone shall be arranged by EUROP ASSISTANCE. The time of the repatriation and the transportation manner shall be established by the treating physician along with the medical team of EUROP ASSISTANCE. Thus, the Insured party's repatriation shall be organized as follows:

- to a hospital the profile of which corresponds to the specificity of said medical case, or to a medical center in Romania, situated in the neighborhood of the Insured party's domicile, if it becomes necessary to continue the granting of medical assistance;

- to its domicile.

2.2.1.4 – the emergency dental treatment within the limit of 200 Euros (for the removal of severe pain and those due to a series of accidents), including a potential dental radiography.

2.2.1.5- the transport of the dead body to the domicile, including the coffin cost, in case of the Insured party's death and funeral/incineration expenses at the place of death.

The maximal limit of the insurance indemnification in case of dead body repatriation is 7.000 EUROS, but cumulated with the other expenses, it should not exceed the insured amount.

2.2.1.6 – visit abroad of an Insured party's relative for a period of more than 10 days, representing the reimbursement of the transport expenses, in economic class;

2.2.1.7- repatriation of underage children in case of hospitalization of the Insured party for a period of more than 10 days, in economic class;

2.2.1.8 – the carrying out of urgent phone calls by the Insured party, in case it is hospitalized for more than 10 days, with his family and the treating physician, up to the limit of 100 EUR.

2.2.1.9 – delay of the Insured party's luggage, registered by the airline company, handed over at the time of check-in, for not more than 4 hours, within the limit of the amount of 1.000 Euros. The delay must be proven by supporting documents issued by the airline company.

GROUPAMA ASIGURĂRI shall reimburse to the Insured Party the costs related to the purchase of essential goods (clothing items and toiletry) allowing the Insured party to deal with the temporary unavailability of its personal effects from the delayed luggage. All the purchases representing personal effects must be proven with original payment documents (invoices, receipts).

2.2.1.10 – the interruption of the journey, after crossing the Romanian borders or those of the country of residence / citizenship.

GROUPAMA ASIGURĂRI shall compensate the Insured party, up to the limit of 300 Euros if, during the travel, after crossing the Romanian border, it is forced to interrupt his journey and to come back into the country as a consequence of:

- death, accident or severe illness of a relative;

- the wife's premature birth, by more than 60 calendar days than the term estimated by the physician;

- significant material damages caused by fire, storm, flooding or earthquake to the Insured party's household.

The quantum of the amount by which the Insured party shall be compensated is to be determined by the volume of the expenses that it is forced to incur additionally (phone, food supplies, fare to change the plane ticket for return), proven with documents (receipts, invoices), in addition to the expenses caused by its return to Romania, in the country of citizenship or that of residence, within the limit of the amount insured.

2.3 The insurance covers the events insured occurred during the entire insurance period, within the limit of the amount insured.

3. ELIGIBILITY CRITERIA

3.1. By active card one shall designate a card by which transactions have been performed for the last 3 months prior to the date the insured event occurred.

The transactions taken into consideration for the Euro<26 cards are:

- payment for goods and services at the Romanian and foreign shopkeepers (including on the Internet);

- payment of school fees and for other services on the websites of the Universities providing this facility;

- payment of invoices at the cash dispensers of Banca Transilvania and at automated tellers for invoice payments;

- cash withdrawals from the ATM and POS of banks in Romania and abroad.

The transactions taken into consideration for the cards MasterCard Banca Transilvania - Omnipass are:

- payment for goods and services at the shopkeepers in Romania and abroad (including on the Internet);

- payment of school fees and of other services on the websites of the Universities providing this facility.

4. EXCLUSIONS

4.1 GROUPAMA ASIGURĂRI shall not grant the insurance indemnification for the expenses incurred in connection with:

- a) any preexisting conditions prior to the beginning of the journey; a first service arranged exclusively by Europ Assistance (arranging the doctor's visit to the client's domicile, the client's sanitary transport to the medical institution) for emergency measures, unforeseen, meant to save the Insured party's life or in order to calm severe pain within the limit of 500 Euros.
- b) the treatment determined by illnesses or accidents as a result of wars, similar events or participation in riots or acts of terrorism (exclusively in their capacity as victim) ;
- c) the illness//accident occurred as a result of the Insured party getting involved in any races, leisure/professional sports, or activities deemed dangerous such as climbing, parachute jumping, gliding, stunts, participation in any extreme winter sports such as: sledge, speed skating, as well as a result of the active participation to any dangerous sports, such as parachute jumping, hang-gliding, para-gliding, extreme ski, cross-country skiing, off-track snowboarding, bungee jumping, nautical skiing, climbing, scuba diving of any type, extreme canoeing, caving, alpinism, surfing, etc. The description here above is not limitative nor exhaustive.
- d) the medical assistance provided in case the Insured party attempted to commit or committed, deliberately, violent actions or actions punished by the criminal law of the country where the event took place;
- e) the medical assistance provided in case of illnesses and/or accidents as a consequence of the abuse of alcohol above the limit of 0,8 ‰, drugs, medicines not recommended by the doctor;
- f) suicide, medical assistance in case of attempted suicide, injuries or illnesses caused by the Insured party's own action;
- g) the removal of physical defects (cosmetic surgery, esthetical surgery etc.) and congenital anomalies;
- h) psychiatric, psycho-therapeutic or neurologic treatment;
- i) recovery, convalescence and physiotherapy;
- j) Medical assistance for pregnancy, premature birth, abortion (including therapeutic abortion), voluntary interruption of pregnancy, examination and treatment for sterility, as well as artificial fecundation. Only those emergency medical expenses that could save the mother's and the baby's life shall be paid, if the pregnant woman is not yet 38 years old and/or the in the 16th week of pregnancy. After the expiry of such terms, only the emergency medical expenses in connection with saving the mother's and/or the baby's life up to the maximal limit of 500 Euros shall be covered, provided that the first service is exclusively arranged by the medical assistance company;
- k) the treatment of sexually transmitted diseases, of HIV infection, AIDS or the consequences thereof;
- l) the medical assistance granted by the Insured party's relatives;
- m) the medical assistance granted by homeopaths, naturopaths, experimental investigation or treatment medical procedures, specific for medical research, as well as the consequences thereof;
- n) transplant of organs;
- o) purchase of: glasses, contact lenses, hearing devices, limb prosthesis, chairs / wheelchairs for disabled persons;
- p) vaccinations and the complications thereof;
- r) medical assistance granted to the Insured party in case of radioactive infestation as a result of the radiations caused by the artificial acceleration of atomic particles, nuclear accident or atomic explosion;
- s) the medical assistance granted during an epidemics or pandemics officially acknowledged in the country/countries where the Insured party travels;
- t) travels made in order to obtain treatment, care, surgical interventions, and abusive requests;
- u) illnesses or accidents stemming from the carrying out of activities that do not correspond with the purpose of the journey, travel or studies.
- v) the Insured party's refusal to follow the physician's recommendation for medical repatriation.
- w) the flight as a an aircraft passenger, pilot or member of the crew, other than that belonging to an authorized airline.
- x) events occurred as a result of the practice of skiing as leisure sports outside the slope.
- y) the visit in a country where an Act of God acts.
- z) routine check-ups;

Specific exclusions:

- Frauds and illegal operations committed by the card holder or by other persons who use the card as well as proven violations of the regulation regarding the use of the credit card by the possessor;
- Proven use of the card by other persons than the holder.

4.2 GROUPAMA ASIGURĂRI does not grant the insurance indemnification, in case the Insured party fails to observe the instructions of the medical team and if this causes the loss of the right to benefit of the services guaranteed by the insurance agreement and implicitly the loss of its rights in its capacity as employee.

4.3 GROUPAMA ASIGURĂRI does not grant the insurance indemnification unless the Insured party requested medical assistance as a result of the carrying out of military activities abroad.

4.4 GROUPAMA ASIGURĂRI does not grant the insurance indemnification if the Insured party has an accident resulted from the practice of any sports as a professional or within competitions, gatherings or trainings.

4.5 GROUPAMA ASIGURĂRI shall not compensate the Insured Party for the luggage delayed due to the following causes:

- a) Confiscation of luggage by the customs authority or by any governmental authority;
- b) the purchases made after arrival at the final destination in Romania /the country of citizenship /country of residence) mentioned on the airline company ticket;

- c) Luggage and/or personal effects that were dispatched by airway bill or consignment note;
- d) No request for compensation shall be accepted unless the delay is due to a strike or work conflict caused by an existing Act of God or announced by official documents, before the journey began;

5. TERRITORIALITY

5.1 The insurance cover is valid worldwide outside the Romanian borders, those of the country of citizenship or the country of residence of the person insured.

6. OBLIGATIONS OF THE INSURER

6.1 The Insurer has the obligation to provide the services set forth in the agreement in a professional and prompt manner that is due to the commitment undertaken.

6.2 The Insurer has the obligation to pay the Insured party / Beneficiary of the insurance the compensation due upon the occurrence of the risk insured, in accordance with the insurance terms.

7. OBLIGATIONS OF THE INSURED PARTY

7.1 The Insured party is bound to notify the medical assistance Company EUROP ASSISTANCE when the insured event occurs as per art. 8.1.

7.2 The Insured party is bound to answer correctly and thoroughly the questions pertaining to the circumstances of the risk.

7.3 The Insured party is bound to provide to the Insurer all the data and necessary documents in order to establish the quantum of the insurance indemnification. The Insured party shall have to expressly produce evidence of the actual start date of the journey.

7.4 Under these terms, the Insured party empowers the Insurer to obtain from the treating physicians the data regarding the medical history, the health condition and the treatment applied, by exempting them from professional secrecy.

7.5 The Insured party, its relatives, its legal representatives must consent to the medical examination of the Insured party by the physicians agreed by the Insurer.

7.6 The Insured party must keep itself inform with respect to the mandatory vaccinations for the area where it is about to travel, as well as to those recommended as necessary by the local authorities and take these vaccinations.

7.7 In case of failure to observe the obligations provided for under art. 7.1-7.6 GROUPAMA ASIGURĂRI may refuse payment of the insurance indemnification.

8. COMPENSATION PROCEDURE

8.1 In case of accident or sudden illness of the Insured party, its legal representative must:

- **inform by telephone the medical assistance Company partner of GROUPAMA ASIGURĂRI, respectively EUROP ASSISTANCE, by dialing the number mentioned on the insurance card, within maximum 48 hours as of the occurrence of the event;**
- **to provide the data on the insurance card, as well as information concerning the event occurred;**
- **to follow the indications of the medical assistance company;**
- **to show the insurance card to the medical staff.**

If the insured party fails to observe the procedure here above or the indications of the medical assistance Company, the Insurer may refuse payment of the compensation if for such reason his responsibilities according to the insurance agreement could not be established.

The payment for the medical expenses shall be made directly by EUROP ASSISTANCE, in the Insurer's name, save for the cases where the latter sets forth another procedure.

8.2 The Insurer and the medical assistance Company shall not be liable for the delays in providing the services agreed in case of strikes, explosions, riots, popular movements, restrictions of free circulations, sabotage, terrorist acts, civil war or war, consequences of radioactivity sources or of any other Act of God situation.

8.3 In case the procedure under item 8.1 is not observed and there are grounded reasons for such failure to observe, GROUPAMA ASIGURĂRI shall grant compensation provided that the Insured party /Beneficiary:

- proves its legitimacy to obtain the insurance indemnification;
- states if and what insurance covers it has taken out for the same risk and what compensations afferent thereto it has already collected;
- hands over to the Insurer the entire documentation, in original copy, requested by the latter;

The documents issued in a foreign language shall be accompanied by a translation, the cost of such translation being incurred by the Insured party.

In this case, the request for the insurance indemnification must be sent to the Insurer within at least 30 days as of the occurrence of the insured event.

8.3.1 The payment notices/receipts for medical treatment must include:

- the name of the person receiving treatment;
- the diagnosis established;
- details on the medical treatment administrated or of the medical service provided and the date such were carried out.

8.3.2 The medical prescriptions recommended must be accompanied by substantiating documents for the payment of the medicines purchased.

8.3.3 In case of hospitalization, the letter of release from hospital shall be submitted along with the payment notes for the treatment administered.

8.3.4 If the insured risk was caused by the accidents, the minutes concluded by the competent authorities shall be also submitted.

8.3.5 In case of dental care, the payment notices/receipts must contain information regarding the type of teeth that received care, the treatment received and the cause triggering the intervention.

8.3.6. In case of the Insured party's transport to the fixed domicile, the expenses shall be substantiated based on the receipts (tickets) as well as the physician's certificate regarding the diagnosis and the medical necessity to carry out transport.

8.3.7 In case of transport of the Insured party's dead body, the expenses shall be substantiated based on the receipts and on the death certificate accompanied by the medical certificate acknowledging death, bearing mention of the death cause made by the physician.

8.4 If the request for compensation is fraudulent or obviously exaggerated, or if the agreement is based on misrepresentations, GROUPAMA ASIGURĂRI S.A. has the right to cancel the agreement and to refuse payment of the insurance indemnification.

8.5 The commencement of the procedure to establish and assess the compensations does not constitute an acknowledgement of the obligation to compensate.

8.6 In case the insurance indemnification is paid to the Insured party or to the beneficiaries thereof, such shall be made in RON at the NBR exchange rate of the day the receipt/payment note was issued, within at least 15 days as of the date the last document requested by the Insurer or by the medical assistance Company or by the Insured party was submitted, as applicable.

9. TERMINATION OF THE INSURANCE COVER

9.1 The insurance cover shall end at hour 24 of the expiry date mentioned on the insurance card, as soon as the Romanian/country of citizenship/country of residence border is crossed or upon the expiry of the credit card validity, whichever intervenes sooner.

9.2 If an illness or an accident occurred during the travel abroad required treatment also after the end of the insurance period, GROUPAMA ASIGURĂRI shall extend the medical assistance-related expenses by up to 30 days within the limit of the amount insured, if the Insured party may prove that the transport to its fixed domicile in Romania was not possible.

10. COMPETENT COURT

10.1 The conditions of this insurance shall be completed with the legal provisions within the matter, provided such are not regulated by this document.

10.2 The disputes arisen out of the interpretation and performance of the insurance agreement shall be settled amicably, and in case such is no longer possible, the dispute shall be settled in accordance with the legislation in force by the Romanian competent courts.

11. FINAL PROVISIONS

11.1. The conditions of this insurance cover are governed, construed and completed with the Romanian legal provisions within the matter. The applicable law to the agreement is the Romanian law.

11.2. Any dispute deriving from or in connection with this agreement, including concerning the entering into, the performance or the cancellation thereof shall be settled amicably. In case the parties do not reach a compromise solution, the dispute shall be subject for settlement to the Romanian competent courts.

11.3 The Act of God shall exonerate the contracting parties of performing the duties undertaken under this agreement for the entire period it shall last. The Act of God must be acknowledged by a competent authority.

The performance of the agreement shall be suspended during the period the Act of God acts but without prejudice to the rights the parties were entitled to until its occurrence.

The contracting party invoking the Act of God has the obligation to notify the other parties, immediately and thoroughly, with respect to the occurrence thereof and to take whatever measures available to it in order to limit the consequences.

If the Act of God acts or is deemed to act for a period superior to 6 months, each party shall have the right to notify the other party with respect to the termination as of full right of this agreement, without any of the parties being able to request from one another damages-interests.

11.4 Alternative settlement of disputes:

In case potential disputes arise between the contractual parties of the policy, that could not be settled amicably, the POLICYHOLDER/ CONTRACTING PARTY / BENEFICIARY - physical entity, in its capacity as consumer, can seek alternative settlement of the dispute, in accordance with the provisions of the A.S.F. Regulation no. 4/2016 concerning the organization and the functioning of the Alternative Dispute Settlement Entity in the non-banking financial field (SAL-FIN) and of O.G. no. 38/2015 on the alternative settlement of disputes between consumers and traders.

In order to access the alternative dispute settlement procedures, the POLICYHOLDER/ CONTRACTING PARTY / BENEFICIARY must refer to the **SAL-FIN, the entity for the alternative settlement of disputes within the financial non-banking field which activates within the Financial Supervisory Authority**. The requests shall be made in written form, directly at the SAL-FIN registered offices, by mail or electronic means.

Detailed information concerning the manners in which disputes are settled alternatively are available at <http://www.salfin.ro>.

These steps do not hinder the right of the POLICYHOLDER/ CONTRACTING PARTY / BENEFICIARY to formulate claims against the INSURER and to refer to the competent courts of law.

11.5 The processing shall be carried out in accordance with the EU Regulation no. 679/2016 of the European Parliament and Council on the protection of physical persons in terms of processing of their personal data and the free circulation thereof and with Law no. 506/2004 on the processing of personal data and the protection of privacy within the field of electronic communications, upon observance of all the rights granted under the applicable legislation (the right to be informed, access right, right to amend data, right to erase data (the right to be forgotten), to right to restrain processing, data portability right, right to challenge such data, the right to data portability, the right to challenge such data, the right not to be subject to an automated decision, including profiling).

The most recent version of Notice on personal data processing can be consulted at any given moment of company website, by clicking on the following link: <https://www.groupama.ro/politica-de-confidentialitate>.

In case Insured deem that his rights have not been observed, he can give notice thereof by sending an e-mail at dpo@groupama.ro or to the National Authority for the Supervision and Processing of Personal Data.