



Diakonie Katastrophenhilfe International Insurance Handbook

Information for highly skilled employees and executives abroad



Diakonie Katastrophenhilfe – International Insurance Handbook Information for highly skilled employees and executives abroad

Preface

The International Insurance Handbook provides you with information on risk insurance options during your stay abroad. Together with our insurance broker, Dr. Walter GmbH, we have collected all essential information about insuring your stay abroad and put it into this handbook. Further information and insurance purchasable online can be found at www.dr-walter.com/DKH.

The potential insurance solutions as well as the sums insured depend on your respective program and/or assignment abroad. You will find all the details on the following pages. Please refer to your insurance certificate for the insurance policies and sums insured that apply in your particular case.

Dr. Walter GmbH has been the reliable and trustworthy insurance partner of our organization for many years. Dr. Walter GmbH is the leading expert in insuring private and business travel as well as stays abroad. For more than 50 years, Dr. Walter has developed tailored insurance solutions for international enterprises and aid organizations. With its staff of over 50 employees, Dr. Walter GmbH stands for reliability and competent service, ensuring private and professional mobility.

We wish you a successful stay abroad

Thomas Hegenauer

Coordinator Finance, Administration and Controlling
Diakonie Katastrophenhilfe

For more information on Dr. Walter GmbH and the insurance program of Diakonie Katastrophenhilfe, please go to:

www.dr-walter.com

www.dr-walter.com/DKH

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Your contacts at Dr. Walter GmbH

Contract Issues:



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Supplemental Insurance / Annuity Insurance



Mr. Christian Metz
T +49 (0) 22 47 91 94 -754
F +49 (0) 22 47 91 94 -304
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Insurance Cover, Purchasing Insurance and Invoicing:

Group Contract Team
T +49 (0) 22 47 91 94 -21
F +49 (0) 22 47 91 94 -20
gruppenvertrag@dr-walter.com

Claims and Benefits:

Benefits Team
T +49 (0) 22 47 91 94 -31
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Insurance rate advisor – The right insurance for you

Choosing the right insurance combination depends, among other things, on important factors such as: **type of program, program duration, area of activity, country of assignment, country of origin, marital status, type of employment/assignment**. In selecting the right combination, you will be supported by your personal advisor at Diakonie Katastrophenhilfe as well as by your contact partner at Dr. Walter GmbH.

Your potential insurance solutions:

International health insurance

Here you can choose from two different policies:

The policy AIDWORKER24 is suitable for short stays of up to 24 months. The policy covers the treatment costs in case of acute illnesses. Preventive medical examinations, general check-ups, etc. are not covered by this policy.

The policy AIDWORKER-PLUS is the right choice if you want to stay abroad for 24 months or more or if you want to have comprehensive cover for short stays.

International daily sickness allowance

The international daily sickness allowance can be purchased if you stay abroad for 12 months or more. It provides protection against loss of earnings as a result of acute illnesses or accidents abroad. In case of an insured event resulting in the inability to work, it guarantees a daily sickness allowance. The international daily sickness allowance is recommended, for example, for advisors working on a fee-based contract, since they are not paid in the case of absence due to illness.

Liability insurance

The liability insurance policy AIDWORKER-H covers the personal and professional activities of the insured as well as the private activities of his/her co-insured relatives. The premium depends on the type of activity.

Accident insurance

The accident insurance policy AIDWORKER-U is tailored to the risks of employees abroad, in particular those in conflict areas. It provides comprehensive protection far beyond regular private accident insurance. You can select from three different combinations with different sums insured.

Baggage insurance and personal effects insurance

If you want to insure your baggage during short-term assignments, then the baggage insurance policy AIDWORKER-RG is the right solution for you.

For longer assignments where you bring more than just baggage, you can also insure your entire personal effects during outward and return journeys as well as during the entire stay with our personal effects insurance policy AIDWORKER-BH.

Supplemental insurance / annuity insurance

For (relocated) persons going abroad for a longer time, we recommend a personal supplemental insurance as a substitute for federal annuity insurance. Please refer to our AIDWORKER-RV description of benefits to find out more about how we can support you in selecting the right products.

Vehicle insurance

Personal vehicles that you use in project countries can be insured through our vehicle insurance policy AIDWORKER-KFZ. Insurable are two-wheeled vehicles, cars and trucks. You can choose from vehicle liability insurance, comprehensive insurance and third party, fire and theft insurance. We also offer passenger accident insurance.

For more information on the policies mentioned, please check the following pages or go to www.aidworker.de where you will also find the complete insurance conditions.

Important information for emergencies and events of loss

1. What to do in an emergency

In an emergency please telephone the following 24-hour emergency number of Evangelisches Werk für Diakonie und Entwicklung e. V.:

+49 (0) 621 5490 1821

Please refer to the insurance cover AIDWORKER and have the following information at hand:

- Name and date of birth of the person who has fallen ill
- Name and telephone number of the treating doctor/hospital
- Diagnosis/suspected diagnosis
- Onset of the illness/date of the accident
- Contact details for the local contact person

We would ask you to always contact the emergency telephone service in the event of more comprehensive medical treatment for the purpose of approving the costs.

Typical examples of emergencies

- Accidents
- Serious illness
- (Imminent) hospital stays
- Possible return transport of people who have fallen ill

2. What to do in the event of illness

During your stay abroad you are insured within the scope of an overseas health insurance policy. The benefits of the health insurance are limited according to the tariff.

Please provide the doctor, if possible, with your certificate of insurance and the description of benefits for your insurance tariff before the start of the treatment so that the doctor is informed as to the extent of the insurance cover.

Please send the original bill with the reimbursement claim form to Dr. Walter GmbH.

In the event of illness please contact:

Dr. Walter GmbH
Abteilung Leistung (Claims Department)
Eisenerzstrasse 34
53819 Neunkirchen-Seelscheid
Germany

E-mail: leistung@dr-walter.com

T +49 (0) 22 47 91 94 -31

F +49 (0) 22 47 91 94 -20

3. Reporting accident claims and liability claims

Ensure that you inform us of accidents and liability claims without delay. Please also provide us with an exact description of the cause of loss as well as bills and receipts detailing the costs incurred.

Please report all accident claims and liability claims to:

Dr. Walter GmbH
Abteilung Leistung (Claims Department)
Eisenerzstrasse 34
53819 Neunkirchen-Seelscheid
Germany

E-mail: leistung@dr-walter.com

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F +49 (0) 22 47 91 94 -20

AIDWORKER24 (AW24) Description of benefits

Tariff	AIDWORKER24 (AW24)
Valid from	01.01.2017
Insurance	Central
Area of validity	Global
Insurable group of people	Overseas health insurance for volunteers and other professionals and assistants for overseas operations lasting up to 24 months
Insurable stays abroad	Private and business trips
Home country coverage	Insurance cover exists for up to 6 weeks
Term of the insurance	Up to 24 months
Emergency telephone	Multilingual 24-hour emergency number
Claims handling	Dr. Walter claims department
Early termination	Possible
Extension	Possible up to the maximum term
Right to further insurance	If there has been continuous insurance cover for at least three months and the insured person withdraws from the group contract, then provided that he has both a place of residence and a bank account in Germany he has the right to be included in the basic tariff in accordance with Section 193 (5) of the Insurance Contract Act (VVG).
Cover in conflict areas	Yes
Benefit in the event of pandemics	Yes

Benefits	AIDWORKER24 (AW24)
Outpatient medical treatment	100% of the costs, transport for initial treatment in the event of an accident/emergency
Medication and dressings	100%
Medical aids	100% for treatment-related aids for immobilising body parts and medically prescribed crutches as well as medical aids specified in the tariff sheet as long as these are required as the result of an accident. (Vision aids up to 150€ within two insurance years, wheelchairs up to 675€ etc.)
Inpatient treatment	100% of the costs for accommodation and care in hospital
Dental treatment	100% of the costs for analgesic dental treatment, simple fillings
Dental prostheses	Dental prostheses necessitated as a result of an accident as well as all types of inlays and crowns necessitated as a result of an accident including up to 80% of the dental fees for such up to a maximum of 2,500€ per insured event
Return transport	100%, if medically necessary. (Also due to psychological conditions)
Preventative medicine	No
Vaccinations	No
Rehabilitation treatment	Yes. Medically necessary rehabilitation treatment (follow-up treatment)
Pregnancy/childbirth	No. But 100% in the event of an acutely abnormal course of pregnancy and/or an abnormal delivery
Suicide/attempted suicide	100%
Pre-existing conditions	See below under "benefit exclusions"
Excess	No
Treatment of psychological conditions	Costs for medication or medically necessary inpatient treatment in the event of acute psychological illnesses are 100% recoverable for treatment lasting up to 30 days. Expenses for outpatient psychotherapy are not recoverable. However, the initial discovery of a psychological illness during outpatient treatment is insured up to 2,000€.
Free choice of doctor	Yes
Funeral expenses	100% of the costs up to a maximum of 10,000€
Repatriation costs	100% of the costs up to a maximum of 25,000€
Waiting period	None



Benefit exclusions	AIDWORKER24 (AW24)
No duty to provide benefit exists for:	
a)	Deliberately self-inflicted illnesses and accidents including their consequences as well as for detoxification and withdrawal treatments;
b)	treatment by doctors, dentists and in hospitals whose invoices the insurer has excluded from reimbursement for significant reasons if the insured event occurs after the policyholder has been notified of the benefit exclusion. If an insured event is pending at the time of the notification, there shall be no duty to provide benefit for any expenses incurred after the expiry of three months following such notification;
c)	spa and sanatorium treatments and rehabilitation treatment provided by statutory rehabilitation providers if the tariff does not provide otherwise;
d)	treatments at a spa or health resort. The restriction does not apply if treatment becomes necessary during a temporary stay due to an illness which is not related to the purpose of the stay or due to an accident which occurred there. The duty to provide benefit exists as long as departure is impossible according to medical opinion. The restriction also does not apply if the treatment takes place at the spa or health resort or in its immediate proximity due to the policyholder's place of residence;
e)	treatment by the policyholder's or insured person's spouse or life partner, parents or children; proven material costs shall be reimbursed according to the tariff;
f)	accommodation necessitated by the need for long term or short term care;
g)	the correction of disfigurements or physical abnormalities, vaccinations, disinfections, medical reports, certificates or nursing staff other than for inpatient hospital treatment as long as such is not expressly provided for in the tariff;
h)	termination of pregnancy, unless this is unforeseen and necessary for medical reasons;
i)	treatments for sterility or infertility (e.g. in vitro fertilisation);
j)	treatments which the insured person knew at the start of the journey would have to take place during the ordinary course of the journey unless the journey was undertaken as a result of the death of the insured person's spouse or life partner or first degree relative;
k)	inlays, dental prostheses, crowns or orthodontics as long as the tariff does not expressly provide benefits for such;
l)	a normal pregnancy, particularly for antenatal care, and a normal delivery. In the event of an acutely abnormal course of pregnancy, the insurer shall however provide benefit to the extent set out in the contract for inpatient and outpatient medical treatment. The same applies for abnormal deliveries.

Premium and Conditions	AIDWORKER24 (AW24)
Premium	1.35 € per person per day
Basic conditions	The general conditions of insurance for short-term Overseas Health Costs Insurance 2010 (AVB-ARK 2010) in conjunction with the AIDWORKER24 (AW24 – 010117) tariff sheet shall apply.

Please note that this information is not conclusive. For the exact benefits and benefit exclusions, please refer to the general conditions of insurance which can be found at www.aidworker.de. This English translation may be used for information purposes only, the German wording prevails in case of litigation.

Please feel free to contact us with any further questions. You can contact us at:

Dr. Walter GmbH

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www.dr-walter.com

AIDWORKER-PLUS (AW-PLUS) Description of benefits

Tariff	AIDWORKER-PLUS (AW-PLUS)
Valid from	01.01.2017
Insurance	Central
Area of validity	Global
Insurable group of people	Overseas health insurance for professionals and other assistants abroad who are not covered by the German Aid Workers Act (EhFG)
Insurable stays abroad	Private and business trips
Home country coverage	Insurance cover lasts for up to 4 months. This term is extended if departure is not possible for medical reasons as well as if the aid worker has to temporarily cut short his stay in the country of assignment on the advice of the policyholder for political reasons (conflict situations)
Term of the insurance	Unlimited
Emergency telephone	Multilingual 24-hour emergency number
Claims handling	Dr. Walter claims department
Early termination	Possible
Extension	Possible
Right to further insurance	If there has been continuous insurance cover for at least three months and the insured person withdraws from the group contract, then provided that he has both a place of residence and a bank account in Germany he has the right to be included in the basic tariff in accordance with Section 193 (5) of the Insurance Contract Act (VVG)
Cover in conflict areas	Yes
Benefit in the event of pandemics	Yes

Benefits	AIDWORKER-PLUS (AW-PLUS)
Outpatient medical treatment	100% of the costs, transport for initial treatment in the event of an accident/emergency
Medication and dressings	100%
Medical aids	100% for medically necessary aids according to the catalogue of aids as well as benefits for the following as prescribed: vision aids up to 200€ within two insurance years, wheelchairs up to 675€, orthopaedic shoes up to 100% after deducting an excess of 75€ once per insurance year
Inpatient treatment	100% of the costs for accommodation and care in hospital. (In Germany general nursing care category without treatment by senior consultants and optional benefits)
Rooming in	Expenses for accommodation and board in the hospital shall also be met for an accompanying person for the duration of the inpatient treatment of a child who has not yet attained the age of 14
Dental treatment	100%
Dental prostheses	50% up to a maximum of 2,500€ for accidents per insurance year, for all other insured events 50% up to a maximum of 1,300€ per insurance year after deducting the insurance benefit for dental treatment (III. paragraph 3.1) for the same insurance year
Return transport	100%, if medically necessary. (Also due to psychological conditions)
Repatriation of jointly insured children	100% of the necessary costs up to a maximum of 5,000€ for the repatriation of jointly insured children under the age of 16 years as long as all adult fellow travellers who are also insured according to this tariff are or have been transported home or have died
Preventative medicine	Yes, according to the statutory programmes established in Germany
Vaccinations	100% reimbursement for vaccinations against diphtheria, hepatitis B, influenza, haemophilus influenzae B, pneumococcal infection, whooping cough, communicable polio, measles, mumps, rubella, tuberculosis, tetanus, rabies, tick-borne encephalitis as well as other vaccinations which are necessary or required for a planned journey up to 100%
Rehabilitation treatment	Yes. Medically necessary rehabilitation treatment (follow-up treatment)
Pregnancy/childbirth	100% of the costs for examinations and medically necessary treatment due to pregnancy, miscarriage and childbirth; up to 80% for a flight to the country of residence and return flight to the country of departure in economy class up to a maximum of 2,000€ if the birth should not take place in the country of assignment
Suicide/attempted suicide	Yes
Pre-existing conditions	Yes (no health examination necessary, no risk loading)



Excess	No
Treatment of psychological conditions	Costs for medication or medically necessary inpatient treatment in the event of acute psychological illnesses are 100% recoverable for treatment lasting up to 30 days. Psychotherapy up to a maximum of 20 sessions per year
Free choice of doctor	Yes
Funeral expenses	100% of the costs up to a maximum of 10,000€
Repatriation costs	100% of the costs up to a maximum of 25,000€
Waiting period	8 months for dental prostheses and orthodontics, no waiting period for pregnancy, childbirth, psychotherapy

Benefit exclusions	AIDWORKER-PLUS (AW-PLUS)
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No duty to provide benefit exists for:

a)	Any illnesses and their consequences, consequences of accidents and events of death which are caused by active participation in acts of war and disturbances or by professional participation in competitions arranged by associations and clubs and preparation for such competitions or which are recognised as national service injuries and are not expressly included in the insurance cover;
b)	deliberately self-inflicted illnesses and accidents including their consequences as well as for withdrawal measures including withdrawal treatments;
c)	treatment by doctors, dentists and in hospitals whose invoices the insurer has excluded from reimbursement for significant reasons if the insured event occurs after the policyholder has been notified of the benefit exclusion. If an insured event is pending at the time of the notification, there shall be no duty to provide benefit for any expenses incurred after the expiry of three months following such notification;
d)	spa and sanatorium treatment and rehabilitation treatment provided by statutory rehabilitation providers if the tariff does not provide otherwise;
e)	treatments at a spa or health resort. The restriction does not apply if treatment becomes necessary during a temporary stay due to an illness which is not related to the purpose of the stay or due to an accident which occurred there. The duty to provide benefit exists as long as departure is impossible according to medical opinion. The restriction also does not apply if the treatment takes place at the spa or health resort or in its immediate proximity due to the policyholder's place of residence;
f)	treatment and the provision of other services by the insured person's spouse or life partner, parents or children. Proven material costs shall be reimbursed according to the tariff;
g)	accommodation necessitated by the need for long term or short term care.

Premium and Conditions	AIDWORKER-PLUS (AW-PLUS)
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Premium	5.50€ per person per day
Basic conditions	The general conditions of insurance for the Overseas Health Costs Risk Group Insurance Dr-Walter 2013 (AVB-AKK-RGR-DRW 2013) in conjunction with the AIDWORKER-PLUS (AW-PLUS – 010117) tariff sheet shall apply.

Please note that this information is not conclusive. For the exact benefits and benefit exclusions, please refer to the general conditions of insurance which can be found at www.aidworker.de. This English translation may be used for information purposes only, the German wording prevails in case of litigation.

Please feel free to contact us with any further questions. You can contact us at:

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AIDWORKER-KT (AW-KT) – Description of benefits – Sick pay

Tariff	AIDWORKER-KT
Insurance	International daily sickness allowance (sick pay)
Insurer	HanseMerkur Reiseversicherung AG
Area of validity	Global
Insurable group of people	Insurance for development workers, specialists and other helpers staying abroad as full-time employees or on a fee-based contract for at least 12 months as part of development cooperation
Maximum age	66 years. Insurance cover ends when the insured turns 67 (also applies to already existing contracts)
Insurable stays abroad	Business trips
Term of the insurance	12 months - 5 years
Emergency telephone	Dr. Walter claims department during regular business hours
Claims handling	Dr. Walter claims department
Early termination	Possible
Extension	Possible up to a maximum duration of 5 years
Cover in conflict areas	Yes
Benefit in the event of pandemics	Yes
Benefits	AIDWORKER-KT
Scope of insurance	HanseMerkur, represented by Dr. Walter GmbH, provides insurance cover against loss of earnings as a result of acute illnesses or accidents abroad. In case of an insured event resulting in the inability to work, it guarantees a daily sickness allowance. Existing illnesses are covered if the unexpectedly become acute.
Insured event	An insured event takes place when a doctor diagnoses inability to work during a necessary medical treatment. The insured event starts with the treatment; it ends when there is no longer an inability to work according to medical findings.
Definition of inability to work	<p>Inability to work, as defined by the present insurance conditions, means that the insured temporarily cannot carry out his/her profession in any way according to medical findings and that he/she does not carry out such professional activities or any other employment.</p> <p>An illness that appears during treatment and is then treated or an accident-result, during which inability to work is medically diagnosed, only constitutes a new insured event if it is in no way caused by the aforementioned first illness or accident result. If the inability to work is caused by several illnesses or consequences of an accident at the same time, the daily sickness allowance is only paid once.</p> <p>Should several insured events with several resulting or overlapping cases of inability to work result in the termination of the employee's right to sick pay, the waiting period in such cases will be added up for the continued period of inability to work. The insured daily sickness allowance will then be paid as of the time when the insured no longer receives sick pay, but at the earliest after the agreed waiting period.</p>
Duration of benefits	The obligation to perform of HanseMerkur, represented by Dr. Walter GmbH, starts on the first day of the inability to work plus 42 days without payment (waiting period). The obligation to perform ends when the insured is fit for work again or with the end of insurance cover for this insured event, but not later than with the expiration of the agreed benefit period for this tariff with a duration of 546 days (78 weeks) including the waiting period.
Qualification for benefit	Payment of daily sickness allowance requires that the insured is treated by an accredited and licensed doctor abroad or at a hospital while the inability to work lasts.
Benefit amount	<p>The amount of payable sickness allowance is 90% of the average net income of the last 12 months with the same employer. Extraordinary payments such as Christmas bonus, holiday pay, royalties or other bonus payments are not considered in the calculation. If the insured has not yet worked 12 months in his/her current job, the net income is calculated on the basis of his/her existing months of employment. The sickness allowance is limited to a maximum of € 200 per calendar day.</p> <p>If the insured is also entitled to a daily sickness allowance from another contract or funding agency, his/her entitlement from this contract is reduced according to Number 3 (VB-KV 2009 (MIA-KT)) – irrespective of potential entitlements to hospital daily benefits – in such fashion that sickness allowance is only paid up to the amount stipulated under Number 3 (VB-KV 2009 (MIA-KT)).</p>



Benefit exclusions		AIDWORKER-KT
Unless agreed otherwise, no benefits are paid:		
1.		in case of inability to work during statutory prohibitions of employment for employed women and women in childbed (maternity leave);
2.		in case of an HIV infection/AIDS and its results;
3.		in case of cancer or benign tumors that needed treatment within the last five years prior to or at the start of the insurance cover;
4.		in case of existing illnesses or consequences of an accident the insured suffers from and as a result of which he/she has received medical or therapeutic advice or treatment in the last 12 months prior to the start of insurance cover. This restriction only applies if the insured event takes place within the first 24 months after the start of insurance cover and is connected on a cause-effect basis with the aforementioned existing illnesses or consequences of an accident;
5.		in case of illnesses, including their resulting effects, and in case of consequences of an accident caused by war or accepted as damages from military service and not explicitly included in the insurance cover;
6.		in case of illnesses or accidents, including their consequences, caused by intent and in case of withdrawal measures, including withdrawal treatments;
7.		during a stay at a health spa or resort – even in case of a stay at a hospital. This restriction does not apply if the insured has his/her permanent residence at such a location or if the insured becomes incapable to work because of an acute illness independent of the original purpose of the stay, or an accident that happened on site during a temporary stay, as long as a return home is not possible according to medical findings.

Premium and conditions		AIDWORKER-KT
Premium		€ 0.99 per person per day
Basic conditions		General insurance conditions of HanseMerkur Reiseversicherung AG for international daily sickness allowance for business travelers and expatriates (VB-KV 2009 (MIA-KT))

Please note that this information is not conclusive. For the exact benefits and benefit exclusions, please refer to the general conditions of insurance which can be found at www.aidworker.de. This English translation may be used for information purposes only; the German wording prevails in case of litigation.

Please feel free to contact us with any further questions. You can contact us at:

Dr. Walter GmbH

Versicherungsmakler (Insurance Brokers)

Eisenerzstrasse 34

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AIDWORKER-H (AW-H1 / AW-H2 / AW-H3 / AW-H6 / AW-H7) – Description of benefits – Liability insurance

Tariff	AIDWORKER-H
Insurance	Professional and personal liability insurance
Insurer	Generali Versicherung AG
Area of validity	Global. For insured persons from the Federal Republic of Germany, the insurance cover, with the exception of professional liability insurance for doctors, also applies to a temporary domestic stay of up to 12 months. For insured persons with a permanent residence outside Germany, the insurance cover does not apply in countries whose nationality the insured has or where he/she has a permanent residence.
Insurable group of people	Insurance for volunteers, development workers, specialists and other helpers staying abroad as part of development cooperation
Maximum age	No
Insurable stays abroad	Private and business trips
Term of the insurance	Unlimited
Emergency telephone	Dr. Walter claims department during normal business hours
Claims handling	Dr. Walter claims department
Early termination	Possible
Extension	Possible
Cover in conflict areas	Insurance cover also applies in countries for which the Federal Foreign Office has issued a travel warning. The insurance policy does not cover areas that are in a state of war, whereby the following 'war clause' is applied: "There is no insurance cover if at least two of the following five large powers or the UN are involved in such events: USA, United Kingdom, France, CIS as well as the People's Republic of China; in the case of the involvement of the UN, insurance cover is not yet excluded provided that it is a case of arbitration of unrest, but only in case the UN is involved and one of the parties involved in the unrest is declared to be the 'aggressor'."

Benefits	AIDWORKER-H
Scope of insurance	Personal and professional activities of the insured as well as personal activities of the co-insured relatives
Insurance cover	Insurance cover within the scope of insurance is provided if claims for compensation are brought against the policyholder by a third party on the basis of statutory liability provisions under private law because of a loss event (insured event) taking place during the validity of insurance cover and resulting in bodily injury, property damage or a consequential financial loss. Loss event is the event directly causing the third party's loss.
Sums insured	€ 3,000,000 for bodily injury, property damage and financial loss (or respectively the sums insured for bodily injury and property damage agreed on with regard to the main or basic risk, see table). The maximum compensation for all insured events of one insurance year is twice the stipulated sums.
Deductible	No
Volunteering	Yes, if unpaid. Also applies to co-insured family members.
Indemnification of damages caused by co-insured children under the age of criminal responsibility	€ 10,000*
If the life partner is co-insured	Co-insured are rights of recourse by social insurance agencies in case of extra-marital, domestic cohabitation.
Similar legal liability of family members in need of care	Yes
Similar legal liability of other family members	Yes
Similar legal liability of au pairs and exchange students	Yes
Legal liability of people living in the same household and the nursing staff	Yes



Working as a childminder (paid and voluntary)	Yes
Home and property	Among other things for an owner-occupied home with a maximum of two self-contained apartments
Photovoltaic and solar thermal installation	Yes, as long as the installation is located on the enclosed home and property
Contractor's protective liability	Up to € 100,000 building sum per building project
Damage to rented property	€ 1,000,000*
Dog owner liability insurance for trained guide dogs	Yes, if the insured has a disabled person's pass (class BI)
Occasionally looking after other people's dogs	Yes, if done as a favor
Occasional use of other people's boats	Yes, if its engine has no more than 55 KW/75 HP
Use of motor vehicles up to a speed of 6 km/h (e.g. motor vehicles for the handicapped, children's vehicles)	Yes
Use of trailers	Yes, if there is no obligation to insure the trailers and if they are not connected to a motor vehicle
Use of self-propelled working machines up to a speed of 20 km/h (e.g. riding mowers, snow ploughs)	Yes
Use of motor vehicles and trailers without obligation to insure on private roads and grounds	Yes
Losses occurring abroad (within Europe)	Unlimited duration of stay
Losses occurring abroad (outside Europe)	Unlimited duration of stay
Security deposit in case of losses occurring abroad	€ 25,000*
Federal Water Act (WHG) residual risk and WHG equity-to-fixed-assets ratio for small containers (individual containers up to 60 l)	Yes, up to a maximum of 1,000 l holding capacity. The insurance cover expires if the quantity limitation is exceeded.
Loss of key risk (other party's private and business keys)	€ 30,000*
Property damage caused by a favor	€ 10,000*
Bad debt losses	Yes
Damage due to data exchange and internet use	€ 1,000,000*
Maximum compensation in case of infringement of right to a name or personal rights	€ 200,000
Special regulations for professional liability insurance	Excluded are claims for compensation from accidents by persons who work directly or indirectly for the policyholder, as far as such accidents are considered to be occupational accidents according to German Social Security Acts or foreign laws. Claims from §640 par. 1 National Social Insurance Code (RVO) are covered as long as they are made against the legal representative of the policyholder and persons he/she hired to lead or monitor the insured company or part of it.
Special regulations for insurance cases in the USA, Canada and countries with US legislation	In the event of insurance cases in the USA, Canada and countries where US legislation is applied, the insurer's costs will be charged as benefits to the sum insured. Costs are: lawyer's fees, expert's fees, witness fees and court fees; expenses to avoid or minimize the damage in case of a claim or after a claim is made as well as costs to calculate the damage and travel expenses not accruing to the insurer himself. This also applies if the costs resulted from an instruction by the insurer. The policyholder's deductible for the aforementioned costs is 10%.
Liability claims among co-insured persons	Any claims among co-insured persons are covered.
Subsidiary coverage	If other private liability insurances apply for the persons mentioned, insurance cover only applies if and insofar as the other insurer does not have to pay.

* Sublimit within the basic sum insured



Benefit exclusions AIDWORKER-H

There is no insurance cover within the liability insurance, among other things:

for claims, even if they are statutory claims, of fulfillment of contract, claims for subsequent performance, claims from self-remedy of defects, withdrawal, reduction, claims for compensation instead of benefits;

for damages caused to be able to carry out the subsequent performance;

for cancellation of use of the subject matter of the contract or for the absence of success owed by the contractual performance;

for compensation of futile expenses relying upon the orderly fulfillment of the contract;

for compensation of financial losses due to delay of performance;

for other compensations taking the place of the fulfillment.

Premium AIDWORKER-H

Tariff	Premium
AW-H1 – People who carry out activities with a normal level of responsibility (missionaries, teachers, volunteering excluding care)	€ 0.05 per person per day
AW-H2 – People who carry out activities with a high level of responsibility (technicians, care professions, craftsmen, etc.)	€ 0.09 per person per day
AW-H3 – People who carry out activities with a very high level of responsibility (construction and project managers, doctors, pilots, etc.)	€ 0.13 per person per day
AW-H6 – Insured persons' children during their education/training in Germany	€ 0.07 per person per day
AW-H7 – free co-insurance of children and relatives of the main insured person	€ 0.00 per person per day

Conditions

AIDWORKER-H

Basic conditions

General Liability Insurance Conditions (AHB 0372 01.2009) in connection with the Special Liability Insurance Conditions AW-H of Generali Versicherung AG consisting of:

- Special Conditions and Risk Description of Personal Liability Insurance
- Special Conditions and Risk Descriptions of Business/Professional Liability Insurance
- Additional Conditions of Business Liability Insurance for the Users of Internet Technologies
- Supplemental Special Conditions of Personal Liability Insurance

Please note that this information is not conclusive. For the exact benefits and benefit exclusions, please refer to the general conditions of insurance which can be found at www.aidworker.de. This English translation may be used for information purposes only; the German wording prevails in case of litigation.

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AIDWORKER-U (AW-U18 / AW-U20 / AW-U25) – Description of benefits – Accident insurance

Tariff	AIDWORKER-U
Insurance	Accident insurance for professional and private activities
Insurer	Generali Versicherung AG
Area of validity	Global
Insurable group of people	Insurance for volunteers, development workers, specialists and other helpers staying abroad as part of development cooperation
Maximum age	No
Insurable stays abroad	Stays abroad for private and business reasons
Term of the insurance	Unlimited
Emergency telephone	Dr. Walter claims department during normal business hours
Claims handling	Dr. Walter claims department
Early termination	Possible
Extension	Possible
Cover in conflict areas	Yes. Insurance does, however, not cover the risk of war in Afghanistan, Iran and Iraq.
Benefit in the event of pandemics	Yes
Benefits	AIDWORKER-U
Scope of insurance	Insured are worldwide occupational and private accidents (24 hour coverage).
Definition of an accident	<p>An accident shall be deemed to have occurred when the insured has involuntarily suffered damage to his/her health due to an event (an accident) having a sudden effect on his/her body from the outside.</p> <p>An accident shall also be deemed to have occurred when, as a consequence of increased physical exertion to limbs or extremities or the spine, a joint is dislocated or muscles, tendons, ligaments or capsules are stretched, strained or torn.</p>
Extension to tropical and infectious diseases (infectious and tropical diseases clause)	<p>In extension of the General Accident Insurance Conditions, insurance protection in the case of disability also covers the effects of tropical and infectious diseases.</p> <p>Excluded from cover are:</p> <ol style="list-style-type: none"> diseases, states of diseases and their effects from which the insured already suffered when the insurance policy came into effect. such diseases which either occur in the first 8 days after the start of insurance or the renewed coming into effect of insurance or after the end of insurance, unless the insured can prove that he/she got the disease during the term of insurance. <p>The infectious and tropical diseases clause is not generally part of the insurance policy. The inclusion of the infectious and tropical diseases clause is possible during registration against an additional premium per insured person.</p>
Extension to passive risk of war	<p>In the changes to the General Accident Insurance Conditions, insurance protection is also extended to accidents that happen to the insured due to events of war without the insured being one of the active parties in the war or civil war (passive risk of war).</p> <p>An active party is also someone who delivers, transports or otherwise handles equipment, installations, devices, vehicles, weapons or other materials used for the purpose of war by one of the warring parties.</p> <p>Also insured are accidents due to terrorist attacks that are directly linked to a war or civil war and that take place outside the territories of the warring parties.</p>



Types of benefits		AIDWORKER-U
Disability benefits	<p>If the physical or mental fitness of the insured is permanently impaired due to an accident (disability), he/she is entitled to disability benefits for the sum insured. Impairment is regarded as permanent if it is likely to last longer than 3 years and if a change of the insured's condition is unlikely.</p> <p>The disability needs to have occurred within 15 months after the accident and needs to be medically diagnosed and asserted at the latest before the end of a period of 6 months.</p> <p>The benefit amount depends on the level of disability.</p>	
Death benefits	<p>If the insured dies within one year after the accident, entitlement for death benefits arises for the sum insured in the event of death.</p>	
Rescue costs	<ul style="list-style-type: none"> • After an accident, the insurer will reimburse the costs for search, rescue or salvage missions by publicly or privately organized rescue services, if fees are charged as usual for such missions. Such costs will also be reimbursed by the insurer if the accident was imminent or if an accident could have been expected to take place based on the situation. • The insurer will reimburse the costs for a transport of the insured to a regular or specialist hospital that was medically necessary and ordered by a doctor. • The insurer will reimburse the additional costs of returning the injured person to his/her permanent residence, if such additional costs are the result of the doctor ordering such return transport or – depending on the type of injury – if they were unavoidable. • In case of death by accident, the insurer will reimburse the costs for the repatriation to the deceased's last permanent residence 	
Cosmetic surgery	<p>The insurer will reimburse the costs for verified</p> <ul style="list-style-type: none"> • doctor's fees and other surgery costs, • necessary costs for accommodation and catering in a hospital. <p>The insurer will also reimburse the costs for verified dental treatment and dentures resulting from the full or partial loss of incisors and canines due to an accident.</p> <p>Qualifications for benefit</p> <p>The insured has undergone cosmetic surgery after an accident. Cosmetic surgery is defined herein as a medical treatment after the completion of the therapeutic treatment and aimed at repairing an accident-related impairment of the insured's appearance.</p> <p>The cosmetic surgery needs to take place within 3 years after the accident, in case of minors at the latest before the under-age person turns 21.</p> <p>No third party is obliged to pay or denies its obligation to perform.</p>	

Sums insured AIDWORKER-U				
Tariff	AW-U18	AW-U20	AW-U25	
Disability	€ 100,000	€ 200,000	€ 250,000	
Progression	225 %	225 %	225 %	
Total disability	€ 225,000	€ 450,000	€ 562,500	
Death	€ 50,000	€ 100,000	€ 250,000	
Rescue costs	€ 25,000	€ 25,000	€ 25,000	
Cosmetic surgery	€ 10,000	€ 10,000	€ 10,000	
Infectious and tropical diseases clause	co-insured	co-insured	co-insured	
Passive risk of war	co-insured	co-insured	co-insured	
Deductible	No	No	No	



Benefit exclusions AIDWORKER-U

Among other things, no cover is granted for:

(Please note: the herein stipulated General Benefit Exclusions can be partially repealed by the benefit extensions mentioned below)

Accidents caused by mental derangement or cognitive disorders, including those due to drunkenness, and strokes or seizures, epileptic fits or other spasmodic fits affecting the whole body of the insured. Cover shall be granted, however, if such disorders, derangement, fits or paroxysms were caused by an accident included in this policy.

Accidents which befall the insured as a consequence of the insured intentionally carrying out or attempting to carry out a criminal offence.

Accidents that happen to the insured

- a) as a pilot (also of aerial sports equipment), if German legislation stipulates that he/she needs a license to do so, and as a crew member of an aircraft;
- b) when carrying out a professional activity with the help of an aircraft;
- c) when using a spacecraft.

Accidents that happen to the insured because he/she acts as the driver, co-driver or passenger of a motor vehicle while taking part in driving events, including test runs, whose purpose is to reach maximum velocity.

Accidents directly or indirectly caused by nuclear energy.

Health damage from radiation.

Health damage from therapeutic measures or operations on the insured's body that the insured individual carries out or allows to be carried out. There is, however, insurance cover if such therapeutic measures or operations – including such ones using radiodiagnostics or radiotherapy – were caused by an accident as stipulated in the present contract.

Infections (if no Infectious and Tropical Diseases Clause was agreed upon): Insurance cover shall be granted, however, if the pathogenic germs entered the body through an accidental injury covered by this policy. However, skin lesions and mucous membrane injuries, which are as such of a minor nature and through which pathogenic germs entered the body immediately or later, are not deemed to be accidental injuries; this restriction does not apply to rabies and tetanus.

Poisoning caused by taking in solid or liquid substances through the throat.

Abdominal or groin hernias.

Insurance cover shall still be granted, however, if such hernias are caused by a violent impact from the outside which is covered by this policy.

Injury to intervertebral discs, bleeding from internal organs and cerebral hemorrhage.

Insurance cover shall be granted, however, if an accident covered by this policy as defined in § 1 III. was the predominant cause.

Pathological disorders due to psychological or mental reactions, irrespective of their cause.

Benefit extensions AIDWORKER-U

The following benefit extensions apply for this policy:

Special conditions for insurance of poisoning through gases and vapors

Special conditions for insurance of Scuba diving related health damage in the accident insurance policy

Special conditions for accidents caused by heart attacks, strokes or medication

Special conditions for accidents caused by epileptic seizures

Special conditions for insurance of alcohol-related mental derangement

Special conditions for insurance of accidents in case of domestic riots/violent conflicts

Special conditions for co-insurance of the passive risk of war in the accident insurance policy

Special conditions for insurance of accidents in case of participation in license-free motor sports events

Radiation accidents

Special conditions for insurance of infections caused by a tick bite

Special conditions for insurance of infections in case of minor skin lesions

Special conditions for insurance of poisoning caused by taking in solid or liquid substances

Special conditions for insurance of food poisoning

Mental reactions

Special conditions for the assertion of disability

Special conditions for improved disability benefits

Payment of disability benefits in case of a diagnosis

Special conditions for insurance of robbery or hostage-taking



- Special conditions for insurance of first aid on heavily injured persons
- Special conditions for insurance of a rehab allowance in the accident insurance policy
- Special conditions for insurance of costs for cosmetic surgery in the accident insurance policy
- Special conditions for insurance of rescue costs in the accident insurance policy
- Special conditions for the contributory effect of a disease or infirmity
- Special conditions for a right to benefits
- Special conditions for chemists, disinfectors and members of the medical professions
- Special conditions for raised benefits in case of a parallel Motor Vehicle Liability Insurance
- Special conditions for accident insurance with a progressive disability grading (225 % model)

Premium and conditions	AIDWORKER-U
Premium	€ 0.42 per person per day for the tariff U18 € 0.84 per person per day for the tariff U20 € 1.59 per person per day for the tariff U25
Basic conditions	Accident Insurance (AUB) in connection with the Special Accident Insurance Conditions AW-U of Generali Versicherung AG consisting of: <ul style="list-style-type: none">• Extensions of AUB 88 Version 2008 of Generali Versicherung AG• Special Accident Insurance Conditions

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AIDWORKER-RG (AW-RG1) – Description of benefits – Baggage insurance

Tariff	AIDWORKER-RG
Insurance	Baggage insurance for private and business trips
Insurer	Generali Versicherung AG
Area of validity	Global
Insurable group of people	Insurance for volunteers, development workers, specialists and other helpers staying abroad as part of development cooperation
Maximum age	No
Insurable stays abroad	Private and business trips
Term of the insurance	Unlimited
Emergency telephone	Dr. Walter claims department during normal business hours
Claims handling	Dr. Walter claims department
Early termination	Possible
Extension	Possible
Cover in conflict areas	Yes

Benefits	AIDWORKER-RG
Insurance cover	With this baggage insurance policy, the insurer provides cover against financial loss in the event of loss or damage to your baggage. This cover applies for the entire duration of your journey.
Scope of insurance	<p>Your entire baggage is covered. Baggage is defined as all personal travel necessities carried during the trip on the insured's body or in his/her clothing or transported by normal means of transport. The following items are also considered to be baggage: gifts and souvenirs acquired throughout the journey. Things that are usually only carried for business purposes can only be insured by special agreement.</p> <p>Things that are permanently stored outside your main residence (e.g. in secondary residences, boats, caravans) are only considered to be baggage if they are taken on trips, walks or journeys starting at such places.</p>
Insured risks	<p>Insurance cover is provided</p> <ul style="list-style-type: none"> • if insured items are lost, destroyed or damaged while the baggage is in custody of a transport company, a company providing accommodation, a baggage handler or a baggage deposit; • during the rest of the journey if insured items are lost, destroyed or damaged due to <ul style="list-style-type: none"> – theft, burglary, robbery, extortion, third party's malice or intent (malicious injury of property); – losing – not including letting things lie, stand or hang around – up to 10% of the sum insured, limited to a maximum of € 400 per insured event; – accident of the means of transport or of an insured person; – effects of water for other than the intended purposes, including rain and snow; – storm, fire, lightning or explosion; – Force Majeure; • if baggage is not delivered on time (i.e. does not reach its destination on the same day as you or any other insured person). The insurer reimburses any verified expenses to replace the items up to 10% of the sum insured; limited to a maximum of € 400 per insured event.



Valuables Insurance	<p>Cover for furs, jewelry, items made of precious metals, laptops as well as cameras and portable video equipment, all with accessories, is only provided if they are:</p> <ul style="list-style-type: none">• worn or used properly or• safely stored and carried or• given to the custody of a company providing accommodation or• stored in a properly locked room of a building, passenger ship or a guarded wardrobe; in case of jewelry and items made of precious metals, cover is only provided if they are also stored in a locked container that provides additional security, even against theft of the container itself.• given to a transport company or baggage deposit in a properly locked and opaque container. <p>No cover is provided if furs, jewelry, items made of precious metals, laptops as well as cameras and portable video equipment, all with accessories, are placed in unattended cars, trailers or water vehicles.</p> <p>The obligation to perform for damage to valuables per insured event is limited to a maximum of 50% of the sum insured.</p>
Sum insured	The sum insured per person is € 2,500. Insurance cover is only provided for the person listed in the insurance policy; no cover is provided for relatives, partners and persons living in cohabitation.
Deductible	No
Benefit exclusions	AIDWORKER-RG
No cover is provided for:	<p>money, securities, tickets, deeds and documents of any kind, items predominantly of artistic value or of interest to collectors, contact lenses, prostheses of any kind as well as land, air and water vehicles, all with accessories, including bicycles, hang gliders and sail surfboards.</p> <p>Cover for identity papers is always provided.</p>
The following risks are excluded	<ul style="list-style-type: none">• risks of war, civil war or warlike events and such events resulting from the hostile use of instruments of war, irrespective of the state of war, as well as from the existence of instruments of war as a consequence of one of the mentioned risks;• risk of strike, lockout, labor unrest, terrorist or political acts of violence, irrespective of the number of people involved, riots and other forms of civil unrest;• risk of confiscation, seizure or other state interventions;• risks from the use of chemical biological and biochemical substances or electromagnetic waves as weapons that are dangerous to the public, irrespective of other contributory causes;• risks from nuclear energy or other ionizing radiation. (Reimbursement for damages caused by nuclear energy is governed by the Atomic Energy Act in the Federal Republic of Germany. Operators of nuclear power plants are obliged to provide sufficient cover and purchase, among other things, liability insurance for this purpose.)
We will not provide cover for any damages that	<ul style="list-style-type: none">• are caused by the natural or defective condition of the insured items, wear or tear;• occur during camping within the area designated for this purpose.
Limited obligation to pay	Damages from losing items and damages to gifts and souvenirs acquired throughout the journey will be respectively reimbursed with up to 10% of the sum insured per insured event, limited to a maximum of € 400.
Premium and conditions	AIDWORKER-RG
Premium	€ 0.35 per person per day (Tariff AW-RG1)
Basic conditions	General Conditions for Baggage Insurance (AVB Reisegepäck 2008) in connection with the Special Baggage Insurance Conditions AW-RG of Generali Versicherung AG



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AIDWORKER-BH (AW-BH1) – Description of benefits – Personal effects insurance

Tariff	AIDWORKER-BH
Insurance	Personal effects insurance for private and business trips
Insurer	ERGO Versicherung AG
Area of validity	Global
Insurable group of people	Insurance for development workers, specialists and other helpers staying abroad as part of development cooperation
Maximum age	No
Insurable stays abroad	Private and business trips
Term of the insurance	Unlimited
Emergency telephone	Dr. Walter claims department during normal business hours
Claims handling	Dr. Walter claims department
Early termination	Possible
Extension	Possible
Cover in conflict areas	Yes

Benefits	AIDWORKER-BH
Insurance cover	With this policy, the insurer provides cover against financial loss in the event of loss or damage to the insured items (personal effects). This cover applies for the entire duration of your journey.
Scope of insurance	The policy covers your entire personal effects, as listed in your registration list, during the outward journey, the stay in the country of assignment and the return journey.
Insured risks	The insurance applies to damage to and/or loss of insured objects caused by accidents involving the means of transport, an accident of the insured person, fire, lightning, explosion (except atomic explosion), act of god, tap water, burglary, robbery, extortion and simple theft.
Insurance of valuables and laptops	Valuables (furs, jewelry, items made of precious metals, laptops as well as cameras and portable video equipment) are insured with up to 20% of the total sum insured. An additional premium needs to be paid for any further value exceeding this amount.
Sums insured	The sum insured results from the list of registered items. The maximum sum insured is € 15,000.00 per person. Insurance cover is provided for the persons listed in the policy, but not for unmentioned relatives, partners and persons living in cohabitation.
Deductible	No. Only in the event of damage due to simple theft, the insured has to pay an amount of € 12.50 per damage himself/herself.
Special case: Political risks	<p>Also insured are damages due to events during war, instruments of war, strike, riots, looting and civil unrest, insofar as such events lead to damages to or loss of insured items.</p> <p>“There is no insurance cover if at least two of the following five large powers or the UN are involved in such events: USA, United Kingdom, France, CIS as well as the People’s Republic of China; in the case of the involvement of the UN, insurance cover is not yet excluded provided that it is a case of arbitration of unrest, but only in case the UN is involved and one of the parties involved in the unrest is declared to be the ‘aggressor.’”</p> <p>The insurer’s liability for political risks is limited to € 5,000.00 per person.</p>
Special case: Leaving behind personal effects	<p>If the insured is instructed by the UN or an authority to leave the developing country, due to the political situation in the project country having become a risk to life and limb, the insurer reimburses the part of the insured party’s personal effects that had to be left behind in the project country because of the situation at hand. It will be regarded as a situation of comparable importance to the UN instructing the insured party to leave the country, if the sending organization leaves it to the insured party to determine whether to leave the country or not, in a particular case.</p> <p>The compensation for personal effects left behind will be paid, at the earliest, 3 months after leaving the country. The insurer is liable for a maximum of € 2,500.00 for each adult or € 1,000.00 per child.</p> <p>The insured persons are obliged to pay back the compensation if they get back the personal effects they had to leave behind within a period of 3 years. It is incumbent upon the insurer to compensate for damages to or losses of personal effects.</p>



Benefit exclusions	AIDWORKER-BH
The following risks are excluded	<ul style="list-style-type: none">• risks from the use of chemical biological and biochemical substances or electromagnetic waves as weapons that are dangerous to the public, irrespective of other contributory causes;• risks from nuclear energy or other ionizing radiation;• risk of confiscation, seizure or other state interventions.
The insurer will not compensate for damages that	<ul style="list-style-type: none">• are caused by the natural or defective condition of the insured items, wear or tear, defective packaging or sealing of baggage.• occur during camping within the area designated for this purpose, unless a special agreement was made for this case.
Furthermore excluded from insurance cover is	simple theft while the insured items were placed in a restaurant, hotel or other accommodation.

Premium and conditions	AIDWORKER-BH
Premium	2.1% of the sum insured per year 2.1% of the sum insured for the outward journey 2.1% of the sum insured for the return journey 2.1% additionally for valuables that exceed the valuables limit of 20%
Basic conditions	General Conditions for Baggage Insurance (AVB Reisegepäck 2004 in the version of January 2008 plus clauses 1), in connection with the Special Conditions for Personal Effects Insurance (AW-BH) of ERGO Versicherung AG

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AIDWORKER-RV (AW-RV) – Description of benefits – Annuity insurance

Tariff	AIDWORKER-RV
Insurance	Direct insurance/supplemental insurance for (relocated) persons abroad as a substitute for Public Annuity Insurance.
Insurer	Miscellaneous
Area of validity	Global
Insurable group of people	Insurance for volunteers, development workers, specialists and other helpers staying abroad as part of development cooperation
Maximum age	No
Insurable stays abroad	Private and business trips
Term of the insurance	Unlimited
Benefits	AIDWORKER-RV
Specification	(Relocated) persons abroad shall have the possibility to obtain direct insurance/supplemental insurance, as a substitute for Public Annuity Insurance, that can be privately continued after expiration of the contract or continued by a new employer/contracting body.
Problem	<p>In many cases, such persons are not regular employees but are comparable to freelancers. Another challenging fact is that not all of them are German citizens and thus not allowed to continue working in Germany after their assignment for Diakonie Katastrophenhilfe ends.</p> <p>There is, however, the need for a consistent solution for both German and foreign employees.</p> <p>Another problem is that such workers are not necessarily employed for a predetermined duration. Many times, their assignment is extended so that we need to provide them with a product that has the necessary level of flexibility.</p> <p>In addition, the product is supposed to be a substitute for public annuity insurance, the contributions for which constitute 20% of gross income. This leads to rather high sums so that the recipients cannot continue to pay the full amount from private means after their assignment has ended.</p> <p>A traditional direct or annuity insurance is probably not the best solution since its acquisition costs are rather high because it is expected that the premium is paid until the insured reaches retirement age. A shortened period in which premiums are paid is also difficult since premiums are hard to calculate in such an event.</p>
Potential solution	<p>Finding an insurer with excellent ratings who can provide a flexible and low-price solution for this problem and at the same time can be expected to provide a sound return.</p> <p>Step 1: Selection of an insurer from more than 80 insurance providers</p> <p>Step 2: Insurer meets minimum requirements in well-respected ratings and rankings</p> <p>Step 3: Checking the company's key figures such as, for example, the equity ratio in order to make sure that the insurance provider has an excellent capital reserve for 'bad times'</p> <p>Step 4: Insurer meets minimum requirements for the expected return with a traditional insurance product (non-unit linked solution – possible on request)</p> <p>Insurers from among the more than 80 tested companies who have met these criteria are Allianz and Stuttgarter Lebensversicherung.</p>
Our recommendation	<p>Let us provide you with an individual offer. Together, we can calculate the necessary sums insured and provide you with a tailored insurance solution.</p> <p>Please contact us before starting your stay abroad.</p>

Premium and conditions

AIDWORKER-RV

The monthly premium results from the individually calculated offer.
You will receive the basic insurance conditions together with your individual offer.

Please feel free to contact us with any further questions. You can contact us at:

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AIDWORKER-KFZ (AW-KFZ) – Description of benefits – Vehicle insurance

Tariff	AIDWORKER-KFZ
Insurance	Vehicle insurance for private and business trips
Insurer	Generali Versicherung AG
Area of validity	Global
Insurable group of people	Insurance of motorcycles, cars and trucks of organizations or deployed employees staying abroad within the development cooperation
Term of the insurance	Unlimited
Emergency telephone	Dr. Walter claims department during normal business hours
Claims handling	Dr. Walter claims department
Early termination	Possible
Extension	Possible
Cover in conflict areas	Yes
Special provision	It is possible to take into account the years abroad during which no claims occurred for the no-claims bonus when applying for German vehicle insurance after the insured party returns to Germany.

Benefits	AIDWORKER-KFZ						
Scope of insurance	For all motor vehicles, two-wheeled and four-wheeled vehicles that belong to policyholders or employees, insurance cover is provided according to the respective registration if such vehicles are used in project countries. If it is a prerequisite that liability insurance for motor vehicles is purchased in certain countries, the insurance policy purchased in the country in question prevails and the insurance cover from existing vehicle liability insurance is considered dormant for the period in question.						
Area of validity	The insurance policy is valid worldwide. The respective local conditions additionally need to be considered.						
Insurance cover/Insurance certificate	Insurance cover begins – if no later start is requested – on the date we receive the registration. Insurance cover can never be granted retrospectively. After we received the registration, we will provide you with an insurance certificate; on request, we can also provide you with a certificate in English. We cannot provide a green insurance card since the respective sums insured do not meet the conditions required in Germany.						
Vehicle liability insurance	<p>The policy covers settlement of founded claims and protection against unfounded claims for compensation that are brought against the policyholder or co-insured persons on the basis of statutory liability provisions under private law.</p> <p>This policy does neither apply for countries that require a green insurance card nor for countries that require sums insured of more than € 500,000. The policy particularly does not apply for Bosnia, Azerbaijan, Greece, Romania, the CIS States and South Tyrol.</p> <p>Sums insured in vehicle liability insurance:</p> <table border="1"> <tbody> <tr> <td>For motorcycles</td> <td>€ 52,000</td> </tr> <tr> <td>For cars/trucks with a payload of less than 1 ton</td> <td>optionally € 52,000 or € 500,000</td> </tr> <tr> <td>For trucks with a payload of more than 1 ton</td> <td>€ 52,000</td> </tr> </tbody> </table> <p>The sums insured apply for both bodily injury and property damages.</p>	For motorcycles	€ 52,000	For cars/trucks with a payload of less than 1 ton	optionally € 52,000 or € 500,000	For trucks with a payload of more than 1 ton	€ 52,000
For motorcycles	€ 52,000						
For cars/trucks with a payload of less than 1 ton	optionally € 52,000 or € 500,000						
For trucks with a payload of more than 1 ton	€ 52,000						
Third party, fire and theft insurance	<p>Insurance cover is granted for breakage of glass, theft, fire or explosion, direct effects of storm, hail, lightning or flooding on the vehicle, damage by furred game to a moving vehicle.</p> <p>The following vehicles can be insured within third party, fire and theft insurance: motorcycles up to a replacement value of € 10,000, cars up to a replacement value of € 50,000 and trucks up to a replacement value of € 100,000.</p> <p>A surcharge of 100% needs to be paid for third party, fire and theft insurance in the following countries: Bosnia, Azerbaijan, Greece, Romania, the CIS States and South Tyrol.</p>						



Fully comprehensive insurance	<p>Similar to third party, fire and theft insurance, insurance cover is granted with the following extensions: self-inflicted damages to the insured's own vehicle with the exception of intent and gross negligence, damage from external persons' malice or intent.</p> <p>The following vehicles can be insured within fully comprehensive insurance: cars up to a replacement value of € 50,000 and trucks up to a replacement value of € 100,000. A surcharge of 50% needs to be paid for fully comprehensive insurance in the following countries: Bosnia, Azerbaijan, Greece, Romania, the CIS States and South Tyrol.</p>
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Passenger accident insurance	<p>Passenger accident insurance for cars or trucks.</p> <p>Sums insured - Passenger accident insurance:</p> <table border="1"> <thead> <tr> <th>Tariff</th> <th>AW-KFZ-U1</th> <th>AW-KFZ-U2</th> </tr> </thead> <tbody> <tr> <td>Disability</td> <td>€ 20,000</td> <td>€ 40,000</td> </tr> <tr> <td>Death</td> <td>€ 10,000</td> <td>€ 20,000</td> </tr> <tr> <td>Medical costs</td> <td>€ 1,500</td> <td>€ 1,500</td> </tr> </tbody> </table>	Tariff	AW-KFZ-U1	AW-KFZ-U2	Disability	€ 20,000	€ 40,000	Death	€ 10,000	€ 20,000	Medical costs	€ 1,500	€ 1,500
Tariff	AW-KFZ-U1	AW-KFZ-U2											
Disability	€ 20,000	€ 40,000											
Death	€ 10,000	€ 20,000											
Medical costs	€ 1,500	€ 1,500											

Benefit exclusions	AIDWORKER-KFZ
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Intent and gross negligence	No insurance cover is granted for damages you intentionally caused. We are entitled to reduce our reimbursement according to the severity of your fault: if you enable someone to steal the vehicle or parts of it by acting in a with gross negligence; or if you cause the damage with gross negligence by consuming alcoholic beverages or any other intoxicants (e.g. drugs, medication); or if you fall short of or exceed the mandatory driving times, breaks and rest periods as stipulated in the EC Regulation 561/2006.
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Racing events	No insurance cover is granted for damages that happen due to participation in driving events, including test runs, whose purpose is to reach maximum velocity.
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Tire damage	No insurance cover is granted for damage to or destruction of tires. Insurance cover is, however, granted if the tires are damaged or destroyed because of an event that, at the same time, has caused other damages to the insured vehicle that are covered by comprehensive insurance.
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Earthquakes, events of war, domestic unrest, state measures	No insurance cover is granted for damages directly or indirectly caused by earthquakes, events of war, domestic unrest, state measures.
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Damages caused by nuclear energy	No insurance cover is granted for damages caused by nuclear energy.
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Premium	Vehicle liability insurance	
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Vehicle type	Sum insured € 52,000	Sum insured € 500,000
Motorcycles	Premium € 26.65	Not possible
Cars/trucks with a payload of less than 1 ton	Premium € 123.10	Premium € 256.50
Trucks with a payload of more than 1 ton	Premium € 615.50	Not possible
Deductible	No	No

Premium	Comprehensive vehicle insurance	
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Vehicle type	Partial coverage	Comprehensive insurance incl. partial coverage
Motorcycles up to a replacement value of € 10,000	Premium € 92.30	Not possible
Cars/trucks with a payload of less than 1 ton Up to a replacement value of € 25,000	Premium € 112.85	Premium € 410.35
Cars/trucks with a payload of less than 1 ton Up to a replacement value of € 50,000	Premium € 184.65	Premium € 666.80
Cars/trucks with a payload of less than 1 ton Up to a replacement value of € 75,000	Premium € 277.00	Premium € 1,000.20
Trucks over one ton	Premium € 307.75	Premium € 615.50
Deductible	€ 300.00	€ 500 for comprehensive and € 300 for third party, fire and theft insurance

A surcharge of 100% for third party, fire and theft insurance and 50% for fully comprehensive insurance needs to be paid in the following countries: Bosnia, Azerbaijan, Greece, Romania, the CIS States and South Tyrol

Premium	Passenger Accident Insurance	
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AW-KFZ-U1	Annual premium (incl. insurance tax) € 41
AW-KFZ-U2	Annual premium (incl. insurance tax) € 82
Deductible	No



Conditions

Basic conditions

General Conditions for Vehicle Insurance (AKB 2008 in its version of January 2008) in connection with the Special Conditions for Vehicle Insurance in Project Countries (AW-KFZ) of Generali Versicherung AG

Please note that this information is not conclusive. For the exact benefits and benefit exclusions, please refer to the general conditions of insurance which can be found at www.aidworker.de. This English translation may be used for information purposes only; the German wording prevails in case of litigation.

Please feel free to contact us with any further questions. You can contact us at:

Dr. Walter GmbH

Versicherungsmakler (Insurance Brokers)

Eisenerzstrasse 34

53819 Neunkirchen-Seelscheid

Germany

T +49(0)2247 9194-21

F +49(0)2247 9194-20

gruppenvertrag@dr-walter.com

www.dr-walter.com

Please detach form here

Anmeldung zur AIDWORKER-Versicherung für Mitarbeiter und Berater der Diakonie Katastrophenhilfe //

Application for AIDWORKER Insurance for employees and consultants of Diakonie Katastrophenhilfe

Feld für besondere Vermerke // Space for special notices | Ausgebende Organisation // Issuing organisation | Versicherungsnummer (wird bei Eingang vergeben) // policy no. (to be indicated after application)

Antragsteller // Applicant

Entsende-/Trägerorganisation // Sending/Supporting Organization

Frau // Ms
 Herr // Mr | Vorname // First name | Nachname // Family name

Straße, Hausnummer, ggf. c/o // Street, street number, if needed c/o | PLZ // Postal code | Ort // City

Telefon // Telephone | Fax | E-Mail

Folgende Person soll versichert werden // The following person shall be insured

Frau // Ms
 Herr // Mr | Vorname // First name | Nachname // Family name

Geburtsdatum // Date of birth | Heimatland // Home country

Art der Tätigkeit // Type of assignment

Reise- und Versicherungsdaten // Travel and insurance data

Reise- und Versicherungsbeginn // Start of travel and travel insurance | Reise- und Versicherungsende // End of travel and travel insurance | Aufenthaltsland // Travel destination

Bitte beachten Sie: Die Versicherung kann nur vor Ausreise und nur für die gesamte Zeit des Auslandsaufenthaltes abgeschlossen werden. Der Abschluss dieser Versicherung ist nur möglich, wenn mit Ihrer Organisation eine Rahmenvereinbarung abgeschlossen wurde. Sollte eine Ausnahmeregelung bestehen, tragen Sie bitte einen Hinweis im Feld für besondere Vermerke auf der Anmeldung ein.

Please note: Insurance can only be purchased prior to the start of the trip and only for the entire duration of the stay abroad. You can only purchase this insurance policy if your organization has concluded a framework agreement with us. In case of an exemption clause, please make a note in the field for special notes on the registration form.

Ich wähle folgenden Versicherungsschutz // I choose the following insurance coverage

Versicherungspaket für Personen die für einen begrenzten Zeitraum im Rahmen der Entwicklungszusammenarbeit ins Ausland gehen, bestehend aus den folgenden Komponenten:

Insurance plan for people traveling abroad for a limited time as part of a development cooperation, consisting of the following elements:

Krankenversicherung

Health insurance

<input type="checkbox"/> AW24	Auslandskrankenversicherung bis 24 Monate 1,35 € pro Person und Tag	International Health Insurance up to 24 months € 1.35 per person per day
<input type="checkbox"/> AW-PLUS	Auslandskrankenversicherung mit verbesserten Leistungen 5,50 € pro Person und Tag	International Health Insurance with enhanced benefits € 5.50 per person per day

Auslandskrankentagegeldversicherung

International daily sickness allowance (sick pay)

<input type="checkbox"/> AW-KT	Auslandskrankentagegeldversicherung (ab einer Auslandsaufenthaltsdauer von 12 Monaten abschließbar) 0,99 € pro Person und Tag	International daily sickness allowance (sick pay) for at least 12 months € 0.99 per person per day
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Privat- und Berufshaftpflichtversicherung

Personal and professional liability insurance

Versicherungsschutz für private und berufliche Tätigkeiten. Die Versicherungssumme für Personen-, Sach- und Vermögensschäden beträgt 3.000.000€

Insurance cover for personal and professional activities. The sum insured for bodily injury, property damage and financial loss is € 3,000,000.

<input type="checkbox"/> AW-H1	Personen die Tätigkeiten mit normaler Verantwortung ausüben (Missionare, Lehrer, Freiwilligentätigkeiten ohne Pflege) 0,05 € pro Person und Tag	People who carry out activities with a normal level of responsibility (missionaries, teachers, volunteering excluding care) € 0.05 per person per day
<input type="checkbox"/> AW-H2	Personen die Tätigkeiten mit besonderer Verantwortung ausüben (Techniker, Pflegeberufe, Handwerker usw.) 0,09 € pro Person und Tag	People who carry out activities with a high level of responsibility (technicians, care professions, craftsmen etc.) € 0.09 per person per day
<input type="checkbox"/> AW-H3	Personen die Tätigkeiten mit sehr großer Verantwortung ausüben (Bauleiter, Projektleiter, Ärzte usw.) 0,13 € pro Person und Tag	People who carry out activities with a very high level of responsibility (construction managers, project managers, doctors, etc.) € 0.13 per person per day

Bitte senden Sie diesen Antrag an // Please send this application form to
 Dr. Walter GmbH, Eisenerzstrasse 34, 53819 Neunkirchen-Seelscheid, Germany
 T +49(0)2247 9194-0, F +49(0)2247 9194-20, info@dr-walter.com

S. 1/2 AIDWORKER – DKH Personenversicherung – Anmeldung – 141216

Unfallversicherung**Accident insurance**

<input type="checkbox"/> AW-U18	Unfallversicherung inklusive Tropen- und Infektionserkrankungen; Tod: 50.000€, Invalidität: 100.000€, Progression: 225%, Vollinvalidität: 225.000€; 0,42 € pro Person und Tag	Accident insurance incl. tropical and infectious diseases; Death: € 50,000, Disability: € 100,000, Progression: 225%, Total disability: € 225,000; € 0.42 per person per day
<input type="checkbox"/> AW-U20	Unfallversicherung inklusive Tropen- und Infektionserkrankungen; Tod: 100.000€, Invalidität: 200.000€, Progression: 225%, Vollinvalidität: 450.000€; 0,84 € pro Person und Tag	Accident insurance incl. tropical and infectious diseases; Death: € 100,000, Disability: € 200,000, Progression: 225%, Total disability: € 450,000; € 0.84 per person per day
<input type="checkbox"/> AW-U25	Unfallversicherung inklusive Tropen- und Infektionserkrankungen; Tod: 250.000€, Invalidität: 250.000€, Progression: 225%, Vollinvalidität: 562.500€ 1,59 € pro Person und Tag	Accident insurance incl. tropical and infectious diseases; Death: € 250,000, Disability: € 250,000, Progression: 225%, Total disability: € 562,500 € 1.59 per person per day

Reisegepäckversicherung**Baggage insurance**

<input type="checkbox"/> AW-RG1	Versicherungssumme (VS) 2.500€, Wertsachen 50% der VS, versichert sind Hinreise, Aufenthalt und Rückreise 0,35 € pro Person und Tag	Sum insured (SI) € 2,500, valuables 50% of the SI, Insured are outward journey, stay and return journey € 0.35 per person per day
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Bewegliche-Habe-Versicherung**Personal effects insurance**

<input type="checkbox"/> AW-BH	Versicherung der bewegliche Habe während der Hinreise, der Zeit im Einsatzland und der Rückreise entsprechend der separat auszu- füllenden Meldeliste.	Insurance of personal effects during the outward journey, the stay in the country of assignment and the return journey according to the separately filled-in registration list.
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Zusatzversorgung/Rentenversicherung**Supplemental insurance/Annuity insurance**

<input type="checkbox"/> AW-RV	Private Zusatzversorgung gewünscht. Hiermit beantrage ich eine individuelle Berechnung.	I want to purchase private supplemental insurance. I hereby apply for an individual calculation.
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Zahlungsweise // Payment

<input type="checkbox"/> Monatliche Zahlung durch SEPA-Lastschriftmandat von folgendem Konto: // <i>Monthly payment by SEPA direct debit mandate to the following account:</i>	
<input type="checkbox"/> Einmalzahlung durch SEPA-Lastschriftmandat von folgendem Konto: // <i>Single payment in one sum by SEPA direct debit mandate to the following account:</i>	
IBAN <input type="text"/> BIC <input type="text"/>	
<p>Ich ermächtige die Dr. Walter GmbH (Eisenerzstraße 34, 53819 Neunkirchen-Seelscheid, Germany; Gläubiger-Identifikationsnummer DE76ZZZ00000887121; Mandatsreferenz: Versicherungsnummer), Zahlungen von meinem/unserem Konto mittels Lastschrift einzuziehen. Zugleich weise ich das Kreditinstitut an, die von der Dr. Walter GmbH auf mein/unser Konto gezogenen Lastschriften einzulösen.</p> <p>Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem/unserem Kreditinstitut vereinbarten Bedingungen.</p>	<p>I hereby authorize Dr. Walter GmbH (Eisenerzstrasse 34, 53819 Neunkirchen-Seelscheid, Germany; Creditor Identifier DE76ZZZ00000887121; Mandate reference: insurance policy number) to collect payments from my/our bank account by direct debit. I also instruct my bank to pay the direct debits drawn by Dr. Walter GmbH from my/our account.</p> <p>Note: I am entitled to demand the refund of the debited amount within eight weeks from the debit date. The terms and conditions agreed with my/our bank shall apply.</p>
Kontoinhaber (Vorname, Nachname) // <i>Account holder (first name, family name)</i>	Unterschrift des Kontoinhabers // <i>Signature of account holder</i>

<input type="checkbox"/> Überweisung nach Rechnungsstellung auf das Konto der Dr. Walter GmbH, Postbank Köln, BIC: PBNKDEFF, IBAN: DE03 3701 0050 0212 0765 00 // <i>Invoice to pay by bank transfer to Dr. Walter GmbH, Postbank Köln, BIC: PBNKDEFF, IBAN: DE03 3701 0050 0212 0765 00</i>
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Wichtiger Hinweis und Unterschrift // Important note and signature

Ich beantrage Versicherungsschutz nach Maßgabe der beiliegenden Allgemeinen Versicherungsbedingungen. // *I wish to purchase insurance coverage according to the enclosed general insurance conditions.*

Ort, Datum // <i>Date, Place</i>	Unterschrift des Antragstellers // <i>Signature of applicant</i>
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Please detach form here

Anmeldung zur AIDWORKER-KFZ Versicherung für Zweiräder, PKW und LKW in Projektländern //

Application for AIDWORKER Vehicle Insurance for two-wheeled vehicles, cars and trucks in project countries

Feld für besondere Vermerke // Space for special notices	Ausgebende Organisation // Issuing organisation	Versicherungsnummer (wird bei Eingang vergeben) // policy no. (to be indicated after application)
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Antragsteller // Applicant

Entsende-/Trägerorganisation // Sending/Supporting Organization		
<input type="checkbox"/> Frau // Ms	<input type="checkbox"/> Herr // Mr	
Vorname // First name	Nachname // Family name	
Straße, Hausnummer, ggf. c/o // Street, street number, if needed c/o		PLZ // Postal code
		Ort // City
Telefon // Telephone	Fax	E-Mail

Das KFZ der folgenden Person soll versichert werden // The following person's vehicle is to be insured

<input type="checkbox"/> Frau // Ms	<input type="checkbox"/> Herr // Mr	
Vorname // First name	Nachname // Family name	
Geburtsdatum // Date of birth	Heimatland // Home country	
Art der Tätigkeit // Type of assignment		

Fahrzeugdaten // Vehicle data

Art (Kraftrad, PKW/LKW unter 1 Tonne Nutzlast, LKW über eine Tonne Nutzlast) // Type (motorcycle, car/truck with a payload of less than 1 ton, truck with a payload of more than 1 ton)		
Hersteller // Manufacturer	Typenbezeichnung // Type designation	Kennzeichen // License plate
Neupreis // Original price	Datum der Erstzulassung // Date of initial registration	Einsatzland // Country of assignment
Versicherungsbeginn // Start of insurance		Versicherungsende // End of insurance

Ich wähle folgenden Versicherungsschutz // I choose the following insurance coverage

KFZ-Haftpflichtversicherung	Vehicle liability insurance
<input type="checkbox"/> Motorräder Versicherungssumme: 52.000€, kein Selbstbehalt; Beitrag 26,65 €	<input type="checkbox"/> Motorcycles Sum insured € 52,000, no deductible; Premium € 26.65
<input type="checkbox"/> PKW/LKW unter 1 Tonne Nutzlast Versicherungssumme: 52.000€, kein Selbstbehalt; Beitrag 123,10 €	<input type="checkbox"/> Cars/trucks with a payload of less than 1 ton Sum insured € 52,000, no deductible; Premium € 123.10
<input type="checkbox"/> PKW/LKW unter 1 Tonne Nutzlast Versicherungssumme: 500.000€, kein Selbstbehalt; Beitrag 256,50 €	<input type="checkbox"/> Cars/trucks with a payload of less than 1 ton Sum insured € 500,000, no deductible; Premium € 256.50
<input type="checkbox"/> LKW über 1 Tonne Nutzlast Versicherungssumme: 52.000€, kein Selbstbehalt; Beitrag 615,50 €	<input type="checkbox"/> Trucks with a payload of more than 1 ton Sum insured € 52,000, no deductible; Premium € 615.50
Kraftfahrtunfallversicherung	Passenger accident insurance
<input type="checkbox"/> AW-KFZ-U1 Invalidität: 20.000€, Tod: 10.000€, Heilkosten: 1.500€, kein Selbstbehalt; Jahresbeitrag (inkl. Versicherungssteuer) 41,00 €	<input type="checkbox"/> AW-KFZ-U1 Disability: € 20,000, Death: € 10,000, Medical costs: € 1.500, no deductible; Annual premium (incl. Insurance tax) € 41.00
<input type="checkbox"/> AW-KFZ-U2 Invalidität: 40.000€, Tod: 20.000€, Heilkosten: 1.500€, kein Selbstbehalt; Jahresbeitrag (inkl. Versicherungssteuer) 82,00 €	<input type="checkbox"/> AW-KFZ-U2 Disability: € 40,000, Death: € 20,000, Medical costs: € 1,500, no deductible; Annual premium (incl. Insurance tax) € 82.00

KFZ-Teilkaskoversicherung

Partial coverage insurance

<input type="checkbox"/>	Motorräder bis 10.000€ Neuwert Teilkaskoversicherung Selbstbehalt: 300€ Beitrag 92,30€	Motorcycles up to an original price of € 10,000 Partial coverage insurance Deductible: € 300 Premium € 92.30
<input type="checkbox"/>	PKW/LKW unter 1 Tonne Nutzlast bis 25.000€ Neuwert Teilkaskoversicherung Selbstbehalt: 300€ Beitrag 112,85€	Cars/trucks with a payload of less than 1 ton up to an original price of € 25,000 Partial coverage insurance Deductible: € 300 Premium € 112.85
<input type="checkbox"/>	PKW/LKW unter 1 Tonne Nutzlast bis 50.000€ Neuwert Teilkaskoversicherung Selbstbehalt: 300€ Beitrag 184,65€	Cars/trucks with a payload of less than 1 ton up to an original price of € 50,000 Partial coverage insurance Deductible: € 300 Premium € 184.65
<input type="checkbox"/>	PKW/LKW unter 1 Tonne Nutzlast bis 75.000€ Neuwert Teilkaskoversicherung Selbstbehalt: 300€ Beitrag 277,00€	Cars/trucks with a payload of less than 1 ton up to an original price of € 75,000 Partial coverage insurance Deductible: € 300 Premium € 277.00
<input type="checkbox"/>	LKW über 1 Tonne Teilkaskoversicherung Selbstbehalt: 300€ Beitrag 307,75€	Trucks over 1 ton Partial coverage insurance Deductible: € 300 Premium € 307.75

KFZ-Vollkaskoversicherung inkl. Teilkaskoversicherung

Fully comprehensive insurance incl. partial coverage insurance

<input type="checkbox"/>	PKW/LKW unter 1 Tonne Nutzlast bis 25.000€ Neuwert Vollkaskoversicherung inkl. Teilkaskoversicherung Selbstbehalt: 500€ für Vollkasko- und 300€ für Teilkaskoschäden Beitrag 410,35€	Cars/trucks with a payload of less than 1 ton up to an original price of € 25,000 Fully comprehensive insurance incl. partial coverage insurance Deductible: € 500 for comprehensive and € 300 for partial damage Premium € 410.35
<input type="checkbox"/>	PKW/LKW unter 1 Tonne Nutzlast bis 50.000€ Neuwert Vollkaskoversicherung inkl. Teilkaskoversicherung Selbstbehalt: 500€ für Vollkasko- und 300€ für Teilkaskoschäden Beitrag 666,80€	Cars/trucks with a payload of less than 1 ton up to an original price of € 50,000 Fully comprehensive insurance incl. partial coverage insurance Deductible: € 500 for comprehensive and € 300 for partial damage Premium € 666.80
<input type="checkbox"/>	PKW/LKW unter 1 Tonne Nutzlast bis 75.000€ Neuwert Vollkaskoversicherung inkl. Teilkaskoversicherung Selbstbehalt: 500€ für Vollkasko- und 300€ für Teilkaskoschäden Beitrag 1.000,20€	Cars/trucks with a payload of less than 1 ton up to an original price of € 75,000 Fully comprehensive insurance incl. partial coverage insurance Deductible: € 500 for comprehensive and € 300 for partial damage Premium € 1,000.20
<input type="checkbox"/>	LKW über 1 Tonne Vollkaskoversicherung inkl. Teilkaskoversicherung Selbstbehalt: 500€ für Vollkasko- und 300€ für Teilkaskoschäden Beitrag 615,50€	Trucks over 1 ton Fully comprehensive insurance incl. partial coverage insurance Deductible: € 500 for comprehensive and € 300 for partial damage Premium € 615.50

Zahlungsweise // Payment

Zahlung des Jahresbeitrages im voraus durch SEPA Lastschriftmandat von folgendem Konto: // *Payment of the annual premium in advance by SEPA direct debit mandate to the following account:*

IBAN: _____ BIC: _____

Ich ermächtige die Dr. Walter GmbH (Eisenerzstraße 34, 53819 Neunkirchen-Seelscheid, Germany; Gläubiger-Identifikationsnummer DE76ZZZ00000887121; Mandatsreferenz: Versicherungsnummer) Zahlungen von meinem/ unserem Konto mittels Lastschrift einzuziehen. Zugleich weise ich das Kreditinstitut an, die von der Dr. Walter GmbH auf mein/ unser Konto gezogenen Lastschriften einzulösen.
 Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem/ unserem Kreditinstitut vereinbarten Bedingungen.

I hereby authorize Dr. Walter GmbH (Eisenerzstrasse 34, 53819 Neunkirchen-Seelscheid, Germany; Creditor Identifier DE76ZZZ00000887121; Mandate reference: insurance policy number) to collect payments from my/ our bank account by direct debit. I also instruct my bank to pay the direct debits drawn by Dr. Walter GmbH from my/ our account.
 Note: I am entitled to demand the refund of the debited amount within eight weeks from the debit date. The terms and conditions agreed with my/ our bank shall apply.

Kontoinhaber (Vorname, Nachname) // *Account holder (first name, family name)* | Unterschrift des Kontoinhabers // *Signature of account holder*

Überweisung nach Rechnungsstellung auf das Konto der Dr. Walter GmbH, Postbank Köln, BIC: PBNKDEFF, IBAN: DE03 3701 0050 0212 0765 00 // *Invoice to pay by bank transfer to Dr. Walter GmbH, Postbank Köln, BIC: PBNKDEFF, IBAN: DE03 3701 0050 0212 0765 00*

Wichtiger Hinweis und Unterschrift // Important note and signature

Ich beantrage Versicherungsschutz nach Maßgabe der beiliegenden Allgemeinen Versicherungsbedingungen. // *I wish to purchase insurance coverage according to the enclosed general insurance conditions.*

Ort, Datum // *Date, Place* | Unterschrift des Antragstellers // *Signature of applicant*

Notice of Claim – Travel Health Insurance

Important! Please fill in the form fully and don't forget to hand in your original invoices and prescriptions as well.

Insurance Number

Personal data of the insured

Family name

First name

Date of birth (dd, mm, yy)

Phone number

Email address

Travel destination

Trip start date

Scheduled end of your trip

Contact address in your home country

Contact address at your destination (if your trip hasn't ended yet)

c/o Name of the host family

Phone number

Contact address at your destination

Reimbursement

Type of document	Amount	Sum	Currency
Doctor's bill(s)			
Drug bill(s)			
Hospital bill(s)			
Other receipts			

Please enter your bank data if you are the person to receive the reimbursement.

Account holder (first name, family name)

IBAN

BIC

Information about the course of disease or the accident

Please hand in (a copy of) the medical report or report of findings.

Please describe the course of disease or your ailments in your own words; in case of an accident, please describe what happened.	
What diagnosis was made (by the doctor)?	
When did the disease occur for the first time?	
Have you ever received any treatment for the disease prior to your trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If that was the case, please enter the name and address of the respective doctor.	
Which doctor treated you after your return? (name and address)	

Information about other insurance policies

Please name your health insurance company or private health insurance (name, address and membership number).	
Did you file another request for reimbursement with any other body, such as compulsory or private health insurance, benefits office, etc. (if so, please hand in proof of reimbursement) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have another travel health insurance policy (e.g. through your credit card, or are you a member of ADAC, Red Cross or any other association providing rescue services in case of an emergency)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please enter the name, address and membership or credit card number.	

Important advice / signature

The policyholder and the insured person are required to provide true, accurate and complete information on the data requested. The insurance company is released from its obligation to perform if the policyholder or the insured person intentionally or with gross negligence provides incomplete or incorrect information or commits fraudulent misrepresentation. In case of intentionally incorrect information, this legal consequence also ensues if it neither affects the assessment nor the scope of benefits incumbent on the insurer. If you act grossly negligent when violating an obligation, we are entitled to reduce our payment proportional to the severity of your fault.

Place and date	Signature of the policyholder
----------------	-------------------------------

Waiver of physician-patient privilege

For (insured person)	Insurance Number
----------------------	------------------

I authorize the insurer to gather information at any time on the following: former and existing diseases, consequences of an accident and ailments; diseases, consequences of an accident and ailments occurring prior to the termination of the contract; applied-for, existing or terminated personal insurance. For this purpose, the insurer is permitted to question doctors, dentists, non-medical practitioners, all kinds of hospital wards, insurance institutions and pension offices. I hereby release them from their physician-patient privilege and authorize them to provide any necessary information to the insurer.

Date and place	Signature of the insured
----------------	--------------------------

Please detach form here

Accident questionnaire

Policy holder	Policy number
Insured person	

Who suffered the accident?

Name	Date of birth
------	---------------

When and where did the accident take place?

Date of accident	Time	Place of accident
------------------	------	-------------------

How did the accident take place? (please state details of the event)

Was the accident registered by the police?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Police station	Reference number
--	----------------	------------------

Type of accident

Was it a traffic accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was it a work accident or an accident while traveling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a social accident insurance in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you a member of an employers' liability insurance association?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one?
When did you inform your employers' liability insurance association about the accident?	Reference number

What are the names of the witnesses of the accident and where do they live?

Who caused the accident?

Name

Address

Does the party responsible for the accident have liability insurance? Yes No | If yes, with which insurance company?

Address

Insurance certificate number

Reference number

Are you related or related by marriage to the party responsible for the accident? Yes No**Have you already made claims for compensation against the party responsible for the accident?** Yes NoHas the party responsible for the accident accepted the claims? Yes No**Have the consequences of the accident been fully treated?** Yes No**Are there any outstanding invoices?****Important information/Signature**

The policyholder and the insured person are obliged to make a true and comprehensive statement. The company is exempt from the requirement to pay, if the policyholder or the insured person acted intentionally or grossly negligent in making incomplete or false statements or fraudulent misrepresentation. In case of false statements that were given intentionally, this legal consequence is also followed if it neither affects the stipulation or the amount of the benefits that are incumbent on the insurer. In case of a violation caused by gross negligence, the insurer is entitled to reduce the benefits in relation to the seriousness of the fault.

Place, date

Signature of the policyholder

Signature of the injured party

Professional secrecy obligation

for (insured person)

Policy number

I hereby authorize the insurer to collect information at any time about any former illness, disease, consequence of an accident and infirmity and such that occurred until the end of the contract. The same applies for information about any applied for, current or ended personal insurance. For this purpose, the insurer is allowed to ask physicians, dentists, alternative practitioners, any type of hospital, insurance institution and pension office. I hereby exempt them from their professional secrecy and authorize them to provide the insurer with all necessary information.

Place, date

Signature of the insured person

Please detach form here

Notice of claim – Liability insurance

Policy holder	Policy number
Insured person	

When and where did the event of damage take place?

Date	Time	Place
------	------	-------

Who caused the damage?

Name
Address

On what grounds is the responsible party accused of having caused the damage?

Who is the injured party/claimant?

Name
Address

How did the damage take place? (please state details of the event)

Are there any witnesses to the event of damage? (name, profession, address)

Was the incident registered by the police?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Police station	Reference number
------------------------------	-----------------------------	----------------	------------------

Have any administrative fine/criminal proceedings been initiated against you, a family member or an employee?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, against whom?
Which measures were taken?		

Did the injured party cause the damage in whole or in part himself/herself?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, by doing what?
------------------------------	-----------------------------	------------------------

Is another person also responsible?

Yes No | If yes, who? | Why?

Is the injured party a member of your family or are you related to the injured party?

Yes No | If yes, how are you related to each other?

Does the injured party live in cohabitation with the responsible party?

Yes No

Is there any employment, payment or other contractual relation between responsible and injured party?

Yes No | If yes, what was the responsible party's occupation?

Have any claims for compensation been made?

Yes No | If yes, date

orally in writing | Amount in €

What reasons were given for the claims for compensation?

If existent, please attach any written document (estimate of cost, repair invoice, etc.).

Who receives the compensation in case of a liability for damages?

Account holder (first name, family name)

IBAN | BIC

Please complete in case of property damage:

Which property was damaged?

Type and amount of damage?

When was the damaged property purchased and what was the purchase price?

Where is the damaged property?

Who is the owner/holder of the damaged property?

Is the damaged property covered by insurance? (fire insurance, glass insurance, water damage insurance, comprehensive insurance, etc.) Yes No

In case of bodily injuries:

Type of injuries?

Marital status of the injured person?

Where is the injured person employed?

Important information/Signature

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Place, date

Signature of the policyholder

Claim form – Baggage insurance

Name of the policyholder	Insurance policy number
Address of the policyholder	
Name of the insured	

Who is to receive compensation in the event of liability for damages?

Name of the bank account holder	
IBAN	BIC

Have other persons traveled with you?

Yes No

1. Fellow traveler: Name		Address	
Insured with	Insurance policy number	Was this person's baggage also damaged during the journey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Fellow traveler: Name		Address	
Insured with	Insurance policy number	Was this person's baggage also damaged during the journey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Fellow traveler: Name		Address	
Insured with	Insurance policy number	Was this person's baggage also damaged during the journey?	<input type="checkbox"/> Yes <input type="checkbox"/> No

When and where did the damage happen?

Date	Time	City/Street
Where was the affected baggage when the damage happened?		

How did the damage happen? (Please describe in detail)

Were there witnesses?

Yes No

Please state the witnesses' names and addresses

Was the damage recorded by the police?

Yes No | Police station | File number

If baggage was stolen from a vehicle

Please hand in: repair invoice for the vehicle (copy) and, where applicable, the rental car invoice (original)

License number	Year of construction	Make of car	Classification	<input type="checkbox"/> Permanently enclosed car	<input type="checkbox"/> Car with sunroof
<input type="checkbox"/> Convertible	<input type="checkbox"/> Station wagon	<input type="checkbox"/> Camper	<input type="checkbox"/> Caravan	<input type="checkbox"/> Coach	<input type="checkbox"/> Motorcycle
Where was the vehicle at the time of damage?		<input type="checkbox"/> Parking lot	<input type="checkbox"/> Garage	<input type="checkbox"/> Roadside	
The vehicle was parked there from...until		Where were you during that time?			
When did you notice the theft?		What kind of damage did the vehicle suffer from the theft?			
Name and address of the affected car insurance company, vehicle owner (where applicable), insurance policy number					

In case of baggage damaged during a plane trip

Please hand in the following original documents: plane tickets (also those of your fellow travelers), baggage vouchers, Property Irregularity Report (PIR), confirmation about the definite loss of baggage (if necessary, request from airline).

In case of baggage damaged in hotels, boarding houses or other accommodation

Please hand in the following original documents: police report on the filing of charges, confirmation or copies of the correspondence with the company providing the accommodation pertaining to the reporting of the damage.

In which containers/rooms were the damaged items stored?					
Were these containers/ rooms broken open?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there visible signs of the break-in?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Did you make a claim for compensation with the company providing accommodation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, why not?					

Pre-existing damages

Have you or your family members had baggage damages in the last five years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of damage	Year of damage	Compensation sum			
Name and address of the insurance company					

Other insurance policies

Is your baggage also insured in any other way, e.g. through a credit card?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the baggage of your fellow traveler(s) insured in any other way?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and address of the insurance company							
Insurance policy number			Was the damage registered with that company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have contents insurance?							
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Name and address of the insurance company							
Insurance policy number			Have you registered the damage with that company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please state the total value of your baggage?

Applicant €

Accompanying family members €

Other fellow travelers €

Lost or damaged items

Please hand in the original purchase receipt and warranty card for all items, in the event of damage please also hand in the invoices for repair/cleaning/expert opinion.

List of lost or damaged items

	Item	Bought from which company?	Purchase price in €	Date of purchase	Purchase receipt attached?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No
11					<input type="checkbox"/> Yes <input type="checkbox"/> No
12					<input type="checkbox"/> Yes <input type="checkbox"/> No
13					<input type="checkbox"/> Yes <input type="checkbox"/> No
14					<input type="checkbox"/> Yes <input type="checkbox"/> No
15					<input type="checkbox"/> Yes <input type="checkbox"/> No
16					<input type="checkbox"/> Yes <input type="checkbox"/> No
17					<input type="checkbox"/> Yes <input type="checkbox"/> No
18					<input type="checkbox"/> Yes <input type="checkbox"/> No
19					<input type="checkbox"/> Yes <input type="checkbox"/> No
20					<input type="checkbox"/> Yes <input type="checkbox"/> No

Important note/Signature

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Place, date

Signature of the policyholder

Claim form – Personal effects insurance

Name of the policyholder	Insurance policy number
Address of the policyholder	
Name of the insured	

Who is to receive compensation in the event of liability for damages?

Name of the bank account holder	
IBAN	BIC

When and where did the damage happen?

Date	Time	City/Street
The damage happened <input type="checkbox"/> during the outward journey <input type="checkbox"/> during the stay <input type="checkbox"/> during the return		
Where were the damaged items at the time of damage?		

How did the damage happen? (Please describe in detail)

Were there witnesses?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please state the witnesses' names and addresses	

Was the damage recorded by the police?

<input type="checkbox"/> Yes, police report is attached
<input type="checkbox"/> No, a police report was not possible due to the following reasons (Note: a missing police report might lead to reduction or denial of reimbursement.)

List of lost or damaged items

	Item	Bought from which company?	Purchase price in €	Date of purchase	Purchase receipt attached?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No
11					<input type="checkbox"/> Yes <input type="checkbox"/> No
12					<input type="checkbox"/> Yes <input type="checkbox"/> No
13					<input type="checkbox"/> Yes <input type="checkbox"/> No
14					<input type="checkbox"/> Yes <input type="checkbox"/> No
15					<input type="checkbox"/> Yes <input type="checkbox"/> No
16					<input type="checkbox"/> Yes <input type="checkbox"/> No
17					<input type="checkbox"/> Yes <input type="checkbox"/> No
18					<input type="checkbox"/> Yes <input type="checkbox"/> No
19					<input type="checkbox"/> Yes <input type="checkbox"/> No
20					<input type="checkbox"/> Yes <input type="checkbox"/> No
21					<input type="checkbox"/> Yes <input type="checkbox"/> No
22					<input type="checkbox"/> Yes <input type="checkbox"/> No

Important note/Signature

The policyholder and the insured are required to provide true, accurate and complete information on the data requested. The insurance company is released from its obligation to perform if the policyholder or the insured intentionally or with gross negligence provides incomplete or incorrect information or commits fraudulent misrepresentation. In case of intentionally incorrect information, this legal consequence also ensues if it neither affects the assessment nor the scope of benefits incumbent on the insurer. If you act with gross negligence when violating an obligation, we are entitled to reduce our payment proportional to the severity of your fault.

Place, date

Signature of the policyholder

Please detach form here

Claim Form – Vehicle insurance in project countries

Please read the following advice before you report your damage to us:

- If the other party involved has caused the damage, please contact him/her for claims settlement.
- In the event of liability loss and already existing liability insurance, you must make use of such liability insurance first.
- All handed in documents need to be in German/translated into German.

Name of the policyholder	Insurance policy number
Address of the policyholder	
Name of the insured	

Who is to receive compensation in the event of liability for damages?

Name of the bank account holder	
IBAN <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	BIC

When and where did the damage happen?

Date	Time	Country	City/Street
First name and surname of the driver at the time of accident			
Driving license category/Issue date		Mileage at the time of last maintenance	Mileage at the time of accident

How did the damage happen? (Please describe in detail)

Please hand in photos of the damaged vehicle together with this claim form Photos attached Photos will be handed in later

Were there witnesses?

Yes No

Please state the witnesses' names and addresses

Was the damage recorded by the police? Yes, police report is attached No, a police report was not possible due to the following reasons (Note: a missing police report might lead to reduction or denial of reimbursement.)**Other insurance policies**Is your car insured in any other way, e. g. through insurance in the country of assignment? Yes No

Name and address of the insurance company

Insurance policy number | Have you registered the damage with that company? Yes No**Other information necessary for vehicle liability losses**Type of damage Bodily injury Property damage Combined bodily injury and property damage

In the event of bodily injury: type of injury

In the event of property damage: What was damaged?

Were there other parties involved? No other parties Other parties (please list below):

Involved party 1: Name and address

Is this involved party Claimant/Injured party Other:

Involved party 2: Name and address

Is this involved party Claimant/Injured party Other:

Involved party 3: Name and address

Is this involved party Claimant/Injured party Other:

Involved party 4: Name and address

Is this involved party Claimant/Injured party Other:**Other information necessary for damages covered by partial coverage and fully comprehensive insurance**

What is the expected/actual damage?

Please attach an estimate of costs or the repair invoice.

In the event of vehicle theft, we additionally need the registration document (Redbook) and all existing keys. It is sufficient, though, if these are handed in 3 months after the theft.

Important note / Signature

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Place, date

Signature of the policyholder

Please detach form here

Claim form for Tropical and infectious diseases

Insurance policy number

Supporting Organization

Name of the supporting organization	Street, number	Postal code, city
Telephone	Fax	Email

Insured person

Name of the insured	Date of birth
Street, number	Postal code, city
Telephone	Fax
Email	

Information on tropical and infectious diseases

Please name the disease?
Date of initial manifestation
Did you undergo inpatient treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes

Pre-existing conditions

Which diseases or health problems already existed prior to the tropical/infectious disease?
Do you receive pension payments or has your pensions process started? <input type="checkbox"/> No <input type="checkbox"/> Yes, because of:

Other insurance

Did or do you have other health insurance policies, including group insurance, with other companies? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please name insurance company and insurance policy number

Important note/Signature

The policyholder and the insured are required to provide true, accurate and complete information on the data requested. The insurance company is released from its obligation to perform if the policyholder or the insured intentionally or with gross negligence provides incomplete or incorrect information or commits fraudulent misrepresentation. In case of intentionally incorrect information, this legal consequence also ensues if it neither affects the assessment nor the scope of benefits incumbent on the insurer. If you act with gross negligence when violating an obligation, we are entitled to reduce our payment proportional to the severity of your fault.

Place, date	Signature of the policyholder
Place, date	Signature of the insured

Waiver of physician-patient privilege

For (insured person)	Insurance policy number
----------------------	-------------------------

I authorize the insurer to gather information at any time on the following: former and existing diseases, consequences of an accident and ailments; diseases, consequences of an accident and ailments occurring prior to the termination of the contract; applied-for, existing or terminated personal insurance. For this purpose, the insurer is permitted to question doctors, dentists, non-medical practitioners, all kinds of hospital wards, insurance institutions and pension offices. I hereby release them from their physician-patient privilege and authorize them to provide any necessary information to the insurer.

Place, date	Signature of the insured
-------------	--------------------------

Please detach form here

Overseas Health Insurance Reimbursement Claim Form

AW-
 Policy number _____ | Tariff AW24 AW-EH AW-PLUS AW24-RK AW24-DR

Information about the policyholder/the insured person

Host organisation _____

Insured person's surname _____ | Forename _____ | Date of birth _____

Insured person's address: Street, house number _____ | Post code _____ | Town _____

Telephone number _____ | E-mail _____

For the AW24, AW-EH, AW-PLUS and AW24-DR tariffs

I hereby apply for the reimbursement of health costs which I have incurred. To this end I attach **original copies** of the following:

Type	Number	Amount	Currency
Medical invoice(s)			
Medication invoice(s)			
Hospital bill(s)			
Medical aid invoice(s)			
Other receipts			

For the AW24-RK tariff

I hereby apply for the reimbursement of the remaining costs after advance benefit paid by statutory insurance. The statement for the statutory health insurance is attached.

I was treated for:

Diagnosis _____

Payment Information (Reimbursement to the following account)

Please pay the reimbursement into the following Euro-account:

Account holder _____

IBAN _____ | BIC _____

Please pay the reimbursement into the following international account: (bank and/or conversion fees may incur)

Name and address of the Account holder _____

Name and address of the bank institute _____

Account currency _____ | Account No. _____ | Routing No. _____ | SWIFT/BIC _____

Release from the duty of confidentiality

I hereby release doctors who are treating or who have treated me, hospitals, insurance companies, authorities and other places from their duty of confidentiality and authorise Dr. Walter GmbH/Central Krankenversicherung AG to collect all necessary information to allow them to investigate their duty to provide benefit. I confirm this by signing below.

Place, date _____ | Signature _____

Please send to: Dr. Walter GmbH, Leistungsabteilung (Claims Department), Eisenerzstrasse 34, 53819 Neunkirchen-Seelscheid, Germany
For queries: T +49(0)2247 9194-31, leistung@dr-walter.com

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