



ATHLETES TRAVEL AND ACCIDENT INSURANCE

NATURE OF COVER

Basic covers <i>PERSONAL ACCIDENT - Title 2 A</i>	
<ul style="list-style-type: none"> Accidental DEATH 	
Funeral costs	
<ul style="list-style-type: none"> TOTAL PERMANENT DISABILITY reducible in case of PARTIAL PERMANENT DISABILITY according to the company scale ref TMHCC-BAR-08/20. <p>RELATIVE EXCESS : Any accident covered by this contract resulting in PERMANENT DISABILITY of less than or equal to 20% will not give rise to any compensation. Conversely, for any disability greater than 20%, no excess will apply.</p>	
<ul style="list-style-type: none"> SEARCH AND RESCUE COSTS 	
Travel covers - Title 2 - C	
<ul style="list-style-type: none"> REIMBURSEMENT TICKET (CANCELLATION OF TRIP) 	
Repatriation assistance – Medical services (Global medical costs) Title 2 – D	
<ul style="list-style-type: none"> REPATRIATION OR MEDICAL TRANSPORTATION 	
<ul style="list-style-type: none"> MEDICAL/SURGERY/PHARMACEUTICAL/HOSPITALISATION EXPENSES ABROAD DEDUCTIBLE : € 50 PER CLAIM 	
<ul style="list-style-type: none"> ACCOMPANYING PERSON DURING REPATRIATION OR MEDICAL EVACUATION 	
<ul style="list-style-type: none"> PRESENCE BY THE SIDE OF THE INSURED STAYING IN HOSPITAL 	
<ul style="list-style-type: none"> EXTENDED STAY COSTS 	
<ul style="list-style-type: none"> MESSAGE TRANSMISSION 	
<ul style="list-style-type: none"> REPATRIATION OR TRANSPORT OF THE BODY EVENT OF DEATH 	



REPATRIATION ASSISTANCE – ASSISTANCE & SERVICES - TITLE 2 – E

- **EARLY RETURN OF THE INSURED**
 - In the event of death or hospital stay of a close relative
 - In the event of an accident or serious illness of a member of his/her family
 - In the event of significant material loss at the domicile of the Insured
- **ASSISTANCE TO THE COMPANY: RETURN TO THE PLACE OF MISSION OR DISPATCH OF A REPLACEMENT EMPLOYEE**
- **ADVANCE OF BAIL BOND**
- **LEGAL FEES**
- **LOSS OR THEFT OF MEANS OF PAYMENT**
- **LOSS OF THEFT OF ID DOCUMENTS**
- **SHIPPING OF MEDICINES**
- **SENDING PROFESSIONAL DOCUMENTS**
- **ADVICE ON DAILY LIFE**
- **PSYCHOLOGICAL COUNSELLING**
- **CARE OF CHILDREN UNDER 16 AND PETS**
- **RECOVERY OF THE INSURED'S CAR**
- **REPATRIATION POLITICAL UNREST**
REPATRIATION
IMMOBILISATION OF INSURED PARTIES – ACCOMMODATION COSTS

- **REPATRIATION NATURAL DISASTER**
REPATRIATION
IMMOBILISATION OF INSURED PARTIES

- **MEDICAL REPATRIATION / PANDEMIC**
REPATRIATION
IMMOBILISATION OF INSURED PARTIES *

ACQUIRED AND LIMITED TO €80 PER DAY (FOR A MAXIMUM OF 14 DAYS AND €3,360 PER GROUP) IN THE EVENT OF A POSITIVE, SYMPTOMATIC OR ASYMPTOMATIC TEST AND QUARANTINE BY DECISION OF THE COMPETENT LOCAL AUTHORITIES.

HOWEVER, COVER DOES NOT APPLY IN THE EVENT OF A HEALTH ORDER AND COMPULSORY QUARANTINE ON ARRIVAL.

NATURE OF EXTENSION COSTS GIVING ENTITLEMENT TO REIMBURSEMENT:
 ACCOMMODATION OR HOTEL COSTS
 CATERING COSTS

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PROCEDURE & DOCUMENTATION REQUIRED FOR REIMBURSEMENT IN THE EVENT OF A CLAIM

In case of an insurance case, it is important that we (**Tokio Marine Assistance and/or IJF responsible person**) are rapidly and perfectly informed of the circumstances under which this happened and of its possible consequences.

FORM AND INFORMATION NEEDED

The Insured or his rightful claimants, yourself if applicable, or any representative acting in their name are obliged to make a declaration of any loss, in writing or verbally against receipt, to Tokio Marine assistance or IJF responsible person, within fifteen days at the latest from the date when they gained knowledge of it. Furthermore, along with this declaration, they must provide all information about the severity, the causes and the circumstances of the loss and inform us (Tokio Marine Assistance and/or IJF responsible person), if possible, of the names and addresses of the witnesses and persons responsible.

In particular, the declaration of loss should include:

- the date, the circumstances and the location of the accident;
- the surname, first name, date of birth, address and profession of the victim(s);
- the initial medical certificate describing the nature of the injuries or wounds as well as their probable consequences;
- if applicable, the report from the police or gendarmerie, the names and addresses of the person causing the accident and any witnesses.

FOR ALL COVERAGES

- The policy number.
- A copy of the instruction for the business travel and an attestation from the Policyholder

FOR DEATH AND PERMANENT DISABILITY RESULTING FROM AN ACCIDENT

- A written statement specifying the circumstances of the accident, the names of any witnesses and, where applicable, the identity of the reporting authority if a report is drawn up, as well as the record number.
- A certificate from the doctor, surgeon or hospital that administered the first aid, describing the injuries.
- The death certificate.
- Documents establishing the status of the Beneficiary in the event of death, and the name and address of the notary in charge of the estate.
- Notification of Permanent Disability status from the Social Security.
- A medical certificate of stabilisation.

FOR MEDICAL EXPENSES

MEDICAL EXPENSES IN THE EVENT OF HOSPITALISATION ABROAD OUTSIDE THE COUNTRY OF DOMICILE

In the event of an Accident or Illness requiring local hospitalization, the request for assistance must be made, directly by the INSURED (or by any person acting on his/her behalf) by calling the Tokio Marine Assistance. The costs are paid directly to the hospital by TOKIO MARINE ASSISTANCE without requirement for the Insured to make an advance payment.

The Policyholder Company, the Insured or his/her Beneficiaries undertake to take all necessary steps to obtain reimbursement of these costs (in full or in part) from the Social Security and/or other additional to which the Insured is affiliated and to immediately pay TOKIO MARINE ASSISTANCE any sum that is received in this respect.



MEDICAL EXPENSES EXCLUDING HOSPITALISATION ABROAD OUTSIDE THE COUNTRY OF DOMICILE

Any medical expenses incurred other than those during hospitalization shall be reimbursed when the Insured returns to his/her country of origin. He/she must provide all the necessary supporting documents.

The Policyholder Company, the Insured or his/her Beneficiaries undertake to take all necessary steps to obtain reimbursement of these costs (in full or in part) from the Social Security and/or other additional organisations to which the Insured is affiliated.

FOR TRAVEL-RELATED INCIDENTS

In order for reimbursements to be made, the Insured must provide the Insurer with the originals of all supporting documents for the costs incurred as a result of the aforementioned incidents.

FOR THE LOSS, DAMAGE, THEFT OR DESTRUCTION OF LUGGAGE

- The Insured must lodge a complaint for loss, damage, theft or destruction of luggage with the competent local authorities within twenty-four (24) hours of the date of the loss.
- The original receipt for the complaint and a detailed statement must be sent to the Insurer within a maximum of Ten (10) Days.
- The Insured must file a claim for the loss, damage, theft or destruction of luggage with the carrier within Twenty-Four (24) Hours of the date of the loss.
- If luggage is stolen from the boot of a vehicle, the Insured must provide proof of the break-in (photograph of the damage, invoice for lock repairs).
- The Insured must provide the Insurer with all supporting documents needed to verify or estimate the damage (photograph of damaged luggage, invoice) as well as any document that the Insurer reserves the right to request.

FOR CANCELLATION OR MODIFICATION OF A TRIP

The Policyholder must notify the tour operator of the cancellation as soon as the insured event occurs.

The Insurer must be notified of this cancellation within Forty-Eight (48) Hours of the cancellation request to the Tour Operator or Transport Company.

The Policyholder must send the Insurer:

- A copy of the policy signed with the tour operator and all the documents needed to assess the loss.
- The precise reason for the cancellation and all necessary supporting documents such as, depending on the nature of the event:
 - the death certificate,
 - proof of the family relationship between the Insured and the victim, the report of the stay in a care institution
 - in case of illness the doctor's report/statement identifying the illness, which prevents him/her to travel.,
 - the copy of the summons to appear in court,
 - the original receipt for the lodging of a complaint in the event of theft of identity documents or the copy of the damage report in the event of serious damage to the home.

For any claim "the mission order (from IJF) for the insured person identifying the dates and the places for the mission should be provided.

After this period of Forty-Eight Hours, if the Insurer suffers any loss as a result of late declaration, the Policyholder loses all right to compensation.



FOR SEARCH AND RESCUE COSTS

For reimbursements to be made, the Insured must first provide the Insurer with the original detailed request for reimbursement of search and rescue costs from the local authorities.

FOR PERSONAL LIABILITY

As soon as he/she becomes aware of an event likely to give rise to cover under this policy, and at the latest within Five (5) Days, the Insured must notify the Insurer in writing or verbally against receipt, on pain of forfeiture, except in the case of force majeure.

He/she must also:

- Inform the Insurer as soon as possible of the circumstances of the claim, its known or presumed causes, and the nature and approximate amount of the damage.
- Take all appropriate measures to limit the extent of damage already known and to prevent further damage.
- Convey to the Insurer, as soon as possible, all notices, summonses, writs of summons, extrajudicial documents and procedural documents that have been sent or delivered to or served on him/her.

TOKIO MARINE ASSISTANCE
126 rue de la Piazza
93196 NOISY LE GRAND
CEDEX FRANCE

By telephone: (33) 1 48 82 62 35

The process you must follow in the event of an accident, illness, or any situation covered.

First, you need to call TOKIO MARINE ASSISTANCE, which is available seven days a week and 24 hours a day at the number: +33 1 48 82 62 35.

Then, you identify yourself by saying the number of the insurance policy **FR043519TT**, your status (athlete) and relationship with IJF (registered Judoka).

The service dispatcher will take your data and indicate what you need to do next.

In the event of hospitalization during a professional assignment, the costs charged by the Hospital are borne directly by TOKIO MARINE ASSISTANCE.

In case of a need of the physical insurance certificate to be issued to the athletes please contact the IJF staff responsible for the insurance as indicated below.

If there are unclear points or assistance is needed, we are at your disposal with clarifications.

Giorgi Aleksidze

Responsible for IJF Insurance.

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