



# OP Gold

General terms and conditions for  
Ticket cancellation

Inter Partner Assistance SA

1 July 2024

## Contents

1 Information about the insurance cover.....	2
1.1 Important information.....	2
1.2 The validity of the insurance.....	2
1.3 Benefits.....	2
1.4 Filing a loss report.....	3
1.5 Glossary.....	4
2 General conditions.....	6
3 General exclusions.....	7
4 How to submit a complaint concerning the insurance policy.....	8
4.1 Withdrawal of benefits related to the insurance policy.....	9
4.2 Processing of personal data.....	9

# 1 Information about the insurance cover

## 1.1 Important information

These terms and conditions list the insurance benefits that can be paid **to the insured** when the insured has an OP Gold credit card. The insurance policy is granted to OP Retail Customers plc by Inter Partner Assistance SA.

The insurance is a group insurance policy taken out by the policyholder OP Retail Customers plc for OP Gold cardholders. Pursuant to the Insurance Contracts Act, the policyholder has direct rights **against the insurer**. The insured has no direct rights, in lieu of which the insured, in accordance with the contract, receives benefits as a cardholder. Compliance with the contract's terms and conditions is a prerequisite for any benefit payment.

This document is a guide for the insured and a contract with the insurer. The contract includes information about the benefits, terms and conditions, and any exceptions related to the insurance benefits of an OP cardholder. All claim applications are handled in accordance with these terms and conditions.

A word or definition material to these terms and conditions is printed in bold type once in a single paragraph of text. All material words and definitions are defined in the glossary on page 4.

## 1.2 The validity of the insurance

Any payment of the benefits summarised in this document requires **the insured** to hold a valid OP Gold credit card at the time of the event that results in a claim application. OP Retail Customers plc informs the insured of any material changes to the terms and conditions, or if the insurance policy based on which any benefits paid pursuant to this contract is cancelled or terminates.

Ticket cancellation insurance covers covers any theatre, concert or **event tickets** paid for in advance that have been bought no more than one (1) year prior to the event, and that cannot be used due to an illness, for example.

The maximum benefit payable based on Ticket cancellation is EUR 1,000, with a deductible of EUR 0. The validity of the insurance requires the tickets to have been paid for with an OP Gold credit card.

This insurance policy is governed by Finnish law.

## 1.3 Benefits

### What does the insurance cover?

We compensate a cardholder up to a maximum of EUR 1,000 for any event tickets bought by the cardholder (up to the purchase price printed on the ticket) over a period of one (1) year that have not been refunded, or that cannot be used for the following reasons:

- ✓ a bodily injury, illness or pregnancy complication of the cardholder or another person participating in the event;
- ✓ the death of the cardholder or their next of kin;
- ✓ the theft of the cardholder's motor vehicle, or an accident that renders the motor vehicle unfit for driving,

occurring within 48 hours of the planned event;

**such burglary, flood or fire damage** in the cardholder's home that requires the cardholder to stay at home;

- ✓ a change of address resulting from the cardholder's new job, on condition that the event ticket was bought before the new employment contract was signed, and that the distance between the new address and the event is more than 100 km.

See the "Filing a loss report" section for information about the documents you must produce when filing a loss report.

### What does the insurance not cover?

- ✗ An event cancelled by the event's organiser.
- ✗ Any event that you can reasonably attend.
- ✗ Event tickets reserved or bought by you after you have become aware of an illness.
- ✗ A strike or industrial action affecting public transport that has been underway or declared publicly prior to the date of the event.
- ✗ Service charges related to the booking/buying of the tickets.
- ✗ Season tickets.
- ✗ The event organiser's bankruptcy.

See the "General conditions" and "General exclusions" sections for more information.

## 1.4 Filing a loss report

To file a loss report, go to:

<https://eu.claims.axa.travel/>

You can also call OP Gold's Customer Service number, 0100 0510. Select 3, Event ticket insurance.

Be prepared to give the following information for the loss report:

- the name of the insured
- the first six (6) numbers of the card
- the details of the insurance event

Please file the loss report within 28 days of the event and deliver all additional information to the insurer as soon as possible.

In all cases, inform the insurer of the claims within a year of your becoming aware of the validity of the insurance, the insurance event or the loss/damage caused by the insurance event, and in all cases no later than within 10 years of the insurance event.

You must keep copies of all the documents you submit to the insurer. The insurer may need to appoint an agent for the handling of applications so that the applications can be resolved in a timely and fair manner.

The insured must submit the details needed for the handling of their claim application. The insurer may request additional documents, not listed below, in support of the insured's application. If the insured fails to

submit such documents, the application may be rejected.

The documents needed by the insurer for handling your application:

#### Appendices to the claim application

- The original order confirmation or bill
- The original receipts and documents of all expenses paid by you yourself
- The details of all other insurance policies that may also pay benefits for the event
- All documents that you, as the insured, may be able to present in support of your claim application
- In all claim applications related to an illness or injury, a medical certificate from the physician attending to the insured or their next of kin. In claim applications involving a death, the insurer needs a medical certificate from the physician attending to the insured or their next of kin and a copy of the death certificate.
- The ticket seller's/ticket agent's confirmation of the ticket not having been used and refunded.

#### In addition

- You must present a medical certificate confirming that the illness or injury prevented you from participating in the event.
- As soon as you become aware of the insurance event due to which you cannot participate in an event, you must inform the insurer of the fact and submit the ticket seller's/ticket agent's confirmation of the tickets not having been used or return the event tickets within 72 hours of the event.
- You must present proof of the theft, breakdown or accident involving your vehicle or a vehicle or means of public transport in which you travelled.
- You must submit the verification you receive from the local authorities of the insurance event involving your home.

## 1.5 Glossary

The definitions and expressions in this glossary have the same meaning throughout these terms and conditions.

#### **Country of residence**

Finland. The insured must have a permanent home address in Finland.

#### **Public transport**

Road, rail, marine or air traffic in which a licensed operator operates the scheduled and/or charter passenger transport from which the insured has reserved a trip.

#### **Season ticket**

A ticket entitling its holder to a specific series of events, number of trips or the like within a limited period, and which is usually available for a reduced price.

#### **Cardholder**

The holder of the card providing the insurance cover.

#### **Home**

Your regular place of residence in the country of residence.

**Strike or industrial action**

Any industrial action carried out to stop, limit or disrupt the production of goods or provision of services.

**Next of kin**

Mother, father, sister, brother, spouse or fiancé(e) or cohabiting partner (a couple living permanently at the same address), daughter, son, including adopted child, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepfather or stepmother, stepchild, stepsister or stepbrother, foster child, guardian or legal guardian.

**Physician**

A medical professional practising their occupation under a legal licence recognised pursuant to the law of the country in which the care is administered, and who, when administering said care or treatment, operates within the bounds of their licence and training and is not your next of kin.

**Pregnancy complications**

The following unanticipated pregnancy complications, confirmed by a physician: toxæmia, hypertension in pregnancy, preeclampsia, ectopic pregnancy, molar pregnancy, severe morning sickness, bleeding before labour, placental abruption, small placenta (placental insufficiency), bloody show, retained placenta, miscarriage, stillbirth, emergency C-section or abortion on medical grounds, and all premature births or potential premature births more than eight (8) weeks (or in a multiple pregnancy, sixteen (16) weeks) prior to the calculated date of birth.

**Bodily injury**

A recognisable injury caused by a sudden, violent, external and unforeseeable event. An injury resulting from an unavoidable exposure to the forces of nature is considered a bodily injury.

**Illness (illnesses)**

Any physiological or psychological illness, disease, condition or disability that has affected the insured or their next of kin.

**Event ticket**

All concerts, theatre plays, sporting events or amusement park visits paid for in advance that have been reserved and paid for with an OP Gold card by the cardholder for use by the cardholder, the cardholder's spouse or partner, a caretaker in charge of the care of a person living in the cardholder's household, or for use by other persons, not exceeding four adults and two children.

**Terrorism**

Any action that involves the use of force or violence and/or the threat of such, carried out solitarily or in a group and in association with an organisation (or organisations) or government (or governments), and which includes influencing a government or terrorising the public due to a political, religious, ideological or similar agenda.

**Under the influence**

In the event that tests according to which the subject's blood alcohol content is more than 0.02% have been conducted, or the subject tests positive for drugs; if a test has not been conducted, all statements made during the event that corroborate the use of drugs or alcohol, or which express a suspicion to this effect.

**The insured/insured persons**

An OP Gold cardholder.

**Insurer**

Inter Partner Assistance SA, a member of AXA Group, 7 Boulevard du Régent, 1000 Brussels, Belgium, an insurance company supervised by the National Bank of Belgium under the number 0487, business ID 0415.591.055.

**Policyholder**

OP Retail Customers plc, Gebhardinaukio 1, 00510 Helsinki, Finland.

**Card providing insurance cover**

An OP Gold credit card issued by OP Retail Customers plc that is valid and has been activated, and the balance of which has been paid in accordance with the cardholder's agreement at the time of the event that results in a claim application.

**Termination of insurance cover**

The insurance covers terminate when the account related to a card is closed, the insurance covers are cancelled, or they expire.

**Theft**

A theft carried out by a third party (a person who is not a relative of the cardholder or their next of kin) violently, by threatening violence or by larceny, robbery or burglary.

## 2 General conditions

**The insured** must comply with the following terms and conditions for the full insurance cover. Should the insured fail to comply with the terms and conditions, **the insurer** may refuse to handle the claim application or reduce the amount of the benefit.

1. The insured must take all reasonable precautions to ensure that a loss does not occur.
2. The insured must act as if there were no insurance, and the insured must carry out any measures that will make the losses as small as possible and carry out any reasonable measures to prevent a reoccurrence of the events, and by which the lost property can be returned.
3. The insurer requests the insured to file the loss report within 28 days of the occurrence of the event and to deliver all additional information to the insurer as soon as possible.
4. The insured must report all loss events to the local police and file an offence report or a report of lost property and receive a report that includes the code given to the report they have filed.
5. The insured must deliver all documents specified on page 4, requested/required by the insurer, at their own expense. The insurer may also request documents other than those listed in support of the insured's application. If the insured fails to submit such documents, the application may be rejected.
6. The insured or their legal representative must submit to the insurer at their own expense all such information, evidence, medical certificates, original bills, receipts, reports and assistance as we may require, and the details of any other insurance policies related to the event. The insurer may choose not to compensate the insured for expenses for which the insured cannot produce receipts or bills. Copies must be kept of all documents submitted to the insurer.
7. The insurer does not have to offer, nor is the insurer obligated to pay or offer any of the following benefits insofar as the provision of such insurance cover, payment or benefit would expose the insurer to any sanction, injunction or restriction pursuant to UN resolutions or the trade or economic sanctions, laws and

regulations of the European Union, the United Kingdom or the United States.

8. The insured may not accept, deny, agree, reject, negotiate or make any arrangements on the benefits without the insurer's permission.
9. When a case pertains to a claim application, and if the insurer requests it, the insured must consent to an examination performed by a physician selected by the insurer at the insurer's expense as often as can reasonably be deemed necessary before the benefit is paid. When a case pertains to the death of the insured, the insurer may request a post mortem and pay for it.
10. When necessary, the insurer is, in the name of the insured but at the insurer's expense, entitled to:
  - make an agreement on the benefit to paid;
  - undertake legal action on behalf of the insured to secure compensation from any other party for the benefit of the insured or the return of payments already made from any other party;
  - take measures for the recovery of lost property or property believed lost.
11. This insurance policy is not valid if the insured or a person acting on behalf of the insured in some respect attempts to secure funds, information or other property by fraudulent or other illegal means by intentionally presenting incorrect information or failing to provide information in order to create a false impression, for example.
12. The insurer may report such attempts to the police, and the insured must pay back to the insurer any benefits already received based on the insurance.
13. If the insurer pays for expenses not covered by the insurance policy, the insured must reimburse the insurer for them within one (1) month of the insurer making a request to this end.
14. The insurer makes every effort to provide the services in all circumstances in accordance with the insurance policy. Geographically remote locations or unforeseeable damaging local events may prevent the provision of a service at its standard level.
15. If the insured has several cards issued by OP Retail Customers plc, the insurer pays benefits only up to the cards' largest individual limit, and the cards' benefit values cannot be added together.

### 3 General exclusions

These restrictions apply to the entire insurance policy. **The insurer** does not pay benefits resulting directly or indirectly from any of the following:

1. In respect of all sections, claims that are not listed as falling under the scope of the insurance policy in the "What does the insurance cover?" section.
2. Claim applications for which the required documents and documents requested on page 4 have not been delivered **at the insured's** expense. The insurer may request documents other than those listed in support of the claim application.
3. All losses resulting from the insured attempting to commit suicide or having committed suicide, inflicting damage to themselves intentionally, using pharmaceuticals not prescribed by **a physician**, having been addicted to drugs or alcohol, or abusing them or having been under **their influence**.
4. Claim applications resulting from assisted suicide or euthanasia.
5. Exposure to unnecessary danger (with the exception of saving another person's life).
6. Claim applications resulting from taking part in a fight, self-defence not included.

7. The insured's own illegal activity or a criminal trial against the insured or any loss or damage intentionally perpetrated or caused by the insured.
8. All other losses, damage or additional expenses resulting from an event for which the insured is claiming benefits. Examples of such losses, damage or additional expenses include expenses incurred from preparing the claim application, expenses resulting from a loss of earnings or a suspension of the insured's business activity, or losses or expenses resulting from inconvenience, stress or the loss of pleasure.
9. The total benefit received by the customer cannot exceed the amount of the original loss. The insurer does not pay the damages paid by another insurance company.
10. Any expenses that the insured would be required to pay, or that the insured would have been expected to pay, had the event resulting in the claim application not occurred.
11. Any such situations or conditions of which the insured was aware prior to the start of the insurance cover or at the time the ticket was bought, and which could have reasonably been expected to result in a claim application based on this insurance.
12. Phone or fax expenses, fees charged for internet use, unless they can be shown to result from contacting the insurer.
13. War, attack, the acts, hostilities or war-like measures of foreign hostiles (regardless of whether war has or has not been declared), civil war, insurrection, **terrorism**, revolution, insurgency, civil unrest which, based on numbers or scope, can be considered a popular uprising, army rebellion or a usurpation of power.
14. All virtual currencies, including value fluctuations and cryptocurrencies.

## 4 How to submit a complaint concerning the insurance policy

We want to provide the highest-quality services possible. If you are unhappy with the services you receive, this is what to do:

- Write a complaint to the handling group, which will carry out an investigation on your behalf, to AXA Travel Insurance Services, P.O. Box 43, 00501 Helsinki, Finland, or
- send an email to [clp.fi.travelinsurance@partners.axa](mailto:clp.fi.travelinsurance@partners.axa), or
- call OP Gold's Customer Service number, 0100 0510. Select 3, Event ticket insurance.

If contacting the insurance company does not lead to your desired result, you can contact the Finnish Financial Ombudsman Bureau in relation to the claim settlement decision by mail (Porkkalankatu 1, 00180 Helsinki, Finland) or by calling (0)9 685 0120. You will receive the recommended decision from the Insurance Complaints Board.

You can also contact the Consumer Disputes Board (P.O. Box 306, 00531 Helsinki, Finland), which also provides recommended decisions.

If you are unhappy with the claim settlement decision made by the insurance company, you have the right to initiate proceedings in the Helsinki District Court or in the general court of first instance of your place of residence within three (3) years of having been informed in writing of the decision made by the insurance company.



## 4.1 Withdrawal of benefits related to the insurance policy

These insurance covers are linked **to the card providing the insured's insurance cover** and cannot be withdrawn separately. If the **insured** cancels the card providing the insurance cover, the insurance cover terminates, and all the related benefits cease. The card agreement includes detailed information about how to cancel the card providing the insurance cover.

## 4.2 Processing of personal data

By disclosing their personal data as this insurance policy takes effect and **in connection with** the services provided by the insurer, **the insured** consents to the insurer processing the personal data of the insured.

The insured consents to the insurer processing the insured's sensitive data. If the insured discloses the data of other persons to the insurer, the insured is obligated to inform these persons of the insurer processing their data in the manner described in both this document and the insurer's privacy policy, available at [www.axapartners.com/en/page/en.privacy-policy](http://www.axapartners.com/en/page/en.privacy-policy).

The processing of the insured's personal data is necessary for the provision of the insurance contract and other services. The insurer processes the insured's data to comply with the insurer's legal obligations, or if it otherwise accords with the insurer's legitimate interests in the management of the insurer's business. If the insured does not disclose this data, the insurer cannot grant the insurance or process the insured's claim application.

The insurer processes the insured's data for several legitimate reasons, including:

- Risk assessment and pricing (also referred to as 'underwriting'), the management of insurance policies, the handling of insurance benefits, the processing of complaints, sanctions checks and fraud prevention.
- For the use of sensitive data pertaining to the health or vulnerability of the insured or other persons related to the claim application or request to arrange assistance for the provision of the services described in this policy document. By using the insurer's services, the insured gives the insurer permission to use said data for these purposes.
- For the monitoring and/or recording of calls related to the insured's insurance cover for the purposes of education and quality control.
- For technical investigations in which benefits and insurance premiums are analysed, pricing is adjusted, the customer process is supported, and financial reporting is improved (also in accordance with regulation). For the detailed analysis of claim applications to allow the better supervision of providers and activities. For analysing customer satisfaction and for customer segmentation to further improve the products' adjustment to market needs.
- For obtaining and saving all relevant and appropriate additional evidence in terms of the insured's claim application so that the services pursuant to these terms and conditions can be provided,, and the insured's claim application can be approved.
- For sending requests for feedback or surveys on the insurer's services to the insured, and for taking care of other communications involving customer relations.



The insurer may disclose data pertaining to the insured and the insured's insurance cover to AXA Group companies, the insurer's service providers and agents so that the insured's insurance cover can be managed and maintained, the insured can be offered assistance while they are travelling, to prevent fraud, collect payments, and otherwise as required or permitted by the applicable law.

The insurer separately requests the insured's consent before using the insured's personal data or disclosing it to another party for such a party to contact the insured in relation to products or services (direct marketing). The insured may at any time withdraw their consent to marketing or prevent requests for feedback by contacting the data protection officer (contact details can be found below).

In connection with such activities, the insurer may transfer the insured's personal data outside the United Kingdom or the European Economic Area (EEA). In such situations, the insurer ensures that the appropriate security measures needed to protect the insured's personal data are in place. The insurer ensures that security measures corresponding with the level of the United Kingdom and the EEA are in place, and that the party to whom the insurer transfers the personal data protects the data in accordance with the appropriate standards pursuant to their contractual obligations.

The insurer stores the insured's personal data for as long as is reasonably necessary for fulfilling the purposes specified in this statement and for complying with the insurer's legal obligations.

The insured has the right to request a copy of the data that the insurer has on the insured. The insured also has other rights with respect to how the insurer uses the insured's data, as is specified in the privacy policy of the insurance policy's website. We kindly request you to inform us if any data concerning an insured person is inaccurate, so that said data can be corrected.

If you wish to have additional information about how to file a complaint with the data protection authority, if you have any requests or concerns related to the use of your data, or if you wish to receive a hardcopy of our website's privacy policy, please contact us at this address:

Data Protection Officer AXA  
106–108 Station Road Redhill  
RH1 1PR

Alternatively, you can send an email to:  
[dataprotectionenquiries@axa-assistance.co.uk](mailto:dataprotectionenquiries@axa-assistance.co.uk)