

AMI ASSOCIATION

ACS ASIA 1st USD Life Insurance scheme Information leaflet

As a member of the AMI Association, you benefit from the "Life insurance" cover taken out by the Association with Allianz Vie under N. 080225/112.

How the cover is applied and the detail of the benefits to which you are entitled are set out in this leaflet.

Summary

1/ General	2
2/ Definitions	3
3/ Cover	3
4/ Medical examination and medical arbitration	8
5/ Formalities required in the event of a claim.....	8
6/ Exclusions.....	9
7/ Exclusions specific to the cover	9
8/ Limitation	10
9/ Legal action	10
10/ Mediation.....	10



1/ General

Affiliation

Members of the AMI Association aged under 65 years can be affiliated.

Applicants must be insured under health policy 080225/512 or 080225/513 as agreed between the AMI Association and Allianz to be able to benefit from the cover of this policy.

When they join, applicants must fill in an individual application form comprising a questionnaire on their state of health by which they give their consent to the insurance, according to article L 132-2 of the Insurance Code, and identify the beneficiaries in the event of death.

The Insurer, if it deems necessary, may require medical formalities to be completed or may ask for any additional information.

The Insurer reserves the right, on seeing the aforementioned documents and information to limit cover or review the indicated premium or refuse the applicant membership.

The Insured commits for him/herself to be affiliated, from the time of acceptance by the Insurer, to December 31 of the current year.

Membership is then renewed from January 1 of each year by tacit renewal for twelve months, unless cancelled by one of the parties by registered mail not later than the preceding October 31.

Except in cases of concealment, omission or false or inexact declaration made in bad faith, the Insured, once accepted, may not be excluded from the Insurance against his will so long as he is included in the category of personnel to be insured subject to the terms of article L 140-3 of the Insurance code.

Effect of cover

When the agreement has taken effect, cover is effective for each Member who becomes an Insured person on the date of acceptance by the Insurer specified in the Application Form.

The application form must specify:

- the affiliate's contact details,
- the affiliate's name and age,
- the date on which membership takes effect,
- the formula chosen with the appropriate age-dependent subscription,
- the gross annual salary,
- the designated beneficiary(ies).

Renunciation :

The Insured may renounce to the insurance contract within a period of 30 complete calendar days from the moment he/she is informed that the contract is signed, by sending a registered letter with acknowledgment of receipt to ACS, 153 rue de l'Université 75007 Paris, France. ACS will then reimburse, in full, the amount paid, within 30 days of receipt of his letter. If the insured requests the implementation of the guarantees during the period of renunciation, the right of renunciation is no longer applicable.

Duration of cover

Once accepted for the Insurance, and subject to the penalties specified by the Insurance Code in the event of a false declaration, the Insured may not be excluded so long as he belongs to the personnel category to which the agreement applies.

All cover shall cease in all cases:

For each Insured:

- in case of non-payment of the insurance premium in compliance with the corresponding provisions of the *Code des Assurances (Insurance code)*,
- at the age limits set for each area of cover,
- on the last day of the membership period,
- and no later than the date on which the old age pension becomes payable from the French social security scheme or from any collective retirement scheme.

For all Insured persons:

- if policy 080225/112 agreed between the AMI Association and Allianz Vie is cancelled.



2/ Definitions

Beneficiaries in the event of the Insured's death

The amount of cover in the event of death of the Insured becomes payable in order of preference:

- to the spouse of the Insured if married and not legally separated,
- failing this, to the children of the Insured who have been born or are to be born, in equal shares, the share of the predeceased being transferred to their own children or to their brothers and sisters if there are no children,
- failing this, to the father and mother, in equal shares, or, to the survivor in the event of predecease,
- failing this, to the legal heirs.

At any time, the Insured may modify the above order and designate any individual or body corporate of their choice by notifying the Insurer by registered mail.

When the personal designation is null and void or absent, the above arrangement shall apply.

In the event of the death of an Insured person and of one or more designated beneficiaries in one and the same event without it being possible to determine the order of death or when the beneficiary dying after the Insured has not had the time to accept the benefit of the capital, the Insured is presumed to have survived for the determination of beneficiaries of the lump sum.

Accident

Each time the cover or the amount of benefits relate thereto, "accident" shall be understood to mean **any unintended personal injury suffered by the Insured, arising from an abrupt, sudden or unexpected action of an external cause, to the exclusion of an acute or chronic illness.**

The proof of the accident is incumbent upon the beneficiary(ies) of the benefits and any classification of another body and particularly the French social security shall not be able to oppose the Insurer.

3/ Cover

Choice of cover

This policy pays a lump sum in the event of death or total and irreversible disability of the Insured (Death), and an additional lump sum in the event of accidental death or of total and irreversible disability due to an accident (Accidental Death), depending on the Insured's choice between three levels: Death benefits for an insured sum of 25.000 USD, Death benefits for an insured sum of 50.000 USD or Death benefits for an insured sum of 100.000 USD.

As an option, it may be supplemented by the payment of a daily allowance and a disability income, depending on the Insured's choice between three levels: Daily benefits for an insured sum of 25 USD/day, Daily benefits for an insured sum of 50 USD/day or Daily benefits for an insured sum of 100 USD/day.

The chosen levels do not necessarily have to be the same for the Death and Daily Allowance/Disability Income covers. In no circumstances can the Daily Allowance - Disability Income formula be taken on its own.

Choice of level

The choice is made by the Insured on joining. He or she may modify it later:

- starting from January 1st,
- in the event of a change of situation or family dependents if the Insured's request reaches the Insurer no more than two months after the change.

Lump sum payment on death or total and irreversible disability

If the Insured dies before his/her 65th birthday, the designated beneficiary(ies) receives a lump sum as set out below, depending on the chosen formula.

The lump sum that is paid shall not exceed twice the Insured's gross annual income.

However, this lump sum is paid in advance to the Insured him/herself in the event of total and irreversible disability that occurs before the Insured's 65th birthday.



The Insured is considered to have a total and irreversible disability when he/she is recognized by the Insurer to have a degree of disability that reduces his/her ability to work or to earn by at least two thirds, that is to say to be incapable of earning, in any occupation, a salary greater than a third of the normal income received in the same region by workers of the same category, in the occupation held before the date that work stops due to the disability or the date that the disability is medically certified if the latter results from the premature ageing of the body, and be obliged to have assistance from a third person to carry out the acts of everyday life, that is: to feed themselves, dress, wash, be continent, move around (from a bed to a chair, and inside in single storey buildings).
The date when the total and irreversible disability occurs is set as the date of such notification by the Insurer.

When the lump sum is paid in advance, the Insured shall no longer receive the death cover.

Benefits

Lump sum payment on death or total and irreversible disability	Sum insured		
	25 000 USD	50 000 USD	100 000 USD

Additional lump sum in the event of accidental death or total and irreversible disability due to an accident.

When the Insured dies as a result of an accident, **providing however that death occurs, no more than one year after the date of the accident**, an additional lump sum, the amount of which is set out below depending on the chosen formula, is paid to the designated beneficiary(ies).

This lump sum is paid in advance to the Insured him/herself if, before the Insured's 65th birthday and within three years following the date of the accident occurring as specified above, he/she is recognized by the Insurer to be suffering from a total and irreversible disability, as defined in the above cover.

To receive benefits, any accident likely to result in the early payment of the lump sum must be declared within six months of occurring.

When this lump sum has been paid in advance, the Insured no longer receives the accidental death cover.

Benefits

Additional lump sum in the event of accidental death or total and irreversible disability due to an accident.	Sum insured		
	25 000 USD	50 000 USD	100 000 USD

Daily Allowances and Disability Income

Common rules

Purpose

The purpose of the cover is to provide benefits in the event of a total inability to work or the disability of an Insured person, due to an illness or accident recognized by the Insurer. These benefits are of an allowance nature.

Cover includes the payment of:

- daily allowances in the event of stopping work totally,
- a disability income if the Insured is totally or partially physically or mentally incapable of doing a job normally.

The Insured must be in paid work to be able to benefit from this cover.

In no circumstances can daily allowances and disability income be paid simultaneously.

Excess period

Entitlement to the benefits takes effect after an excess period set at 90 days or 180 days depending on the choice made by the Insured. This period begins to run on the first day of each work stoppage; it consists of an uninterrupted sequence of days of total incapacity to work.



Declaration deadline

The Insurer must be notified of the Insured's stopping work before the end of the excess period and, at the latest, within three months of the date of stopping work if the excess period is more than three months. The Insured, through the Association, shall supply the supporting documents specified in the information leaflet.

Stopping work is considered to occur on the day of the declaration if the latter occurs after this period but before the sixth month.

Except in cases of force majeure, illnesses or accidents that are not declared within six months of stopping work will be exempt from cover and therefore not qualify for an allowance.

Calculation

The total of the amounts paid by the Insurer, French social security, the employer, any other social protection or insurance body covering a replacement level and, where appropriate, of all those sums paid for work or corresponding to a substitute income shall not exceed:

- in the event of incapacity without termination of the job contract, 70% of the Insured's declared salary on the day before stopping work and revalued on the day of the event giving rise to determination or to a new calculation of the amount of benefit,
- in the event of disability and, in all cases, after termination of the job contract, 70% of the Insured's declared salary on the day before stopping work and revalued as above.

For any amount in excess of this sum the Insurer's benefit shall be reduced by the same amount.

The Insurer's assessment of declared claims

In all circumstances, the Insurer reserves the right to assess, via a medical examination, the justification for the incapacity or disability of the Insured.

Daily Allowances Payment

If an Insured person stops work due to total incapacity, recognized by the Insurer and occurring before the Insured's 65th birthday, the Insurer shall pay the Insured the amount of daily allowances as set out below depending on the chosen formula.

Maternity leave does not give entitlement to the payment of daily allowances.

Daily allowances cease to be payable:

- if the Insured begins work full time, or if it is established by the Insurer that the Insured is capable of resuming paid work on a full time basis,
- or on the 731st day following the date of stopping work, the disability income then being able to be allocated to the Insured according to the terms of this policy,
- or on the date when the Insurer or a French social security scheme pays a disability income, an incapacity income or an old age pension of a basic scheme,
- or on the death of the Insured,
- or, at the latest, at the end of the calendar quarter of the Insured's 65th birthday.

Amount

The amount of daily allowances is set out below according to the chosen formula. **The amount paid by the Insurer, French social security, the employer or any other social protection or insurance body may not in any circumstances exceed 70% of the Insured's declared salary.**

The daily allowances are reduced by half if there is a part-time resumption of paid work or when the Insured is capable of resuming paid work part time.

Daily Allowances (whatever excess period)	Sum insured		
	25 USD	50 USD	100 USD

Relapse

If the Insured resumes work and stops work again before two months for the same reason that is recognized as such by the Insurer, payment of benefits may resume on the same basis, without the excess period being applied, provided that Membership of the Association is still in effect.



Disability Income Payment

If, before the Insured's 60th birthday, he/she has suffered total or partial permanent disability, the Insured is entitled to the payment of a disability income.

The state of disability, assessed by the Insurer taking account of the remaining ability to work, the general state of health, the age and the physical and mental faculties of the Insured, and his/her aptitudes and occupational training, must reduce by at least two thirds the Insured's ability to work or earn, that is to say make the Insured incapable of earning, in any occupation, a salary greater than a third of the normal payment received in the same region by workers of the same category, in the occupation that the Insured was in before stopping work followed by disability or the date of the medical disability report if the latter results from premature ageing of the body.

The income is paid to the Insured by calendar quarter in arrears. No fraction of income shall be payable for the calendar quarter during which the Insured dies.

It shall cease to be payable in one or other of the following cases:

- if the state of disability of the Insured does not satisfy the above conditions,
- or the date of allocation by a basic old age pension scheme,
- or the death of the Insured,
- or, at the latest, at the end of the calendar quarter of the Insured's 60th birthday.

Amount

The initial amount of benefit is determined as follows, depending on the amount of daily allowance chosen, and revalued on the date of disability, when the Insured suffers a disability whose degree "n" is greater than 66%.

The benefit then equals the amount set out below. **The amount paid by the Insurer, French social security, the employer, or any other social protection or insurance body may in no circumstances exceed 70% of the Insured's declared salary.**

	Sum insured
Annual Disability Income	Amount of the Daily Allowances chosen x 365

The payment of this income ceases, in all circumstances, if the rate "n" of disability falls to 66% or below, on the date on which a pension from a retirement scheme becomes payable or the date of the Insured's death.

This quarterly income is paid:

- **at half rate if the rate "n" of disability is more than 66% and the Insured can carry out a reduced occupational activity,**
- **at the full rate if the rate "n" of disability is more than 66% and the Insured cannot carry out any occupational activity.**

The degree "n" of disability is determined as follows and is fixed by assessment.

The Insurers appoint a doctor to assess the degree of disability of the Insured who may then be attended by his own doctor.

In the event of disagreement between the Insured's doctor and the Insurer's doctor, the case will be put to arbitration as specified above.

The disability giving entitlement to the payment of benefits is assessed according to:

- functional incapacity,
- occupational incapacity.

Functional incapacity is set from 0 to 100% with no consideration being given to the occupational situation.

Occupational incapacity is assessed from 0 to 100% according to the nature of the functional incapacity, relative to the profession being carried out, taking account of how it was carried out prior to the illness or accident, normal conditions of carrying on the occupation and the remaining possibilities of carrying on, with no account being taken of the resources of the interested person.

The table below indicates the rates resulting from the various degrees of incapacity, both functional and occupational.

Degree of occupational incapacity	Degree of functional incapacity								
	20	30	40	50	60	70	80	90	100
10	-	-	-	29,24	33,02	36,59	40,00	43,27	46,42
20	-	-	31,75	36,94	41,60	46,10	50,40	54,51	58,48
30	-	30,00	36,54	42,17	47,62	52,78	57,69	62,40	66,94
40	25,20	33,02	40,00	46,62	52,42	58,09	63,50	68,68	73,68
50	27,14	35,57	43,09	50,00	56,46	62,57	68,40	73,99	79,37
60	28,85	37,80	45,79	53,13	60,00	66,49	72,69	78,62	84,34
70	30,37	39,79	48,20	55,93	63,16	70,00	76,52	82,79	88,79
80	31,75	41,60	50,40	58,48	66,04	73,19	80,00	86,54	92,83
90	33,02	43,27	52,42	60,82	68,68	76,12	83,20	90,00	96,55
100	34,20	44,81	54,29	63,00	71,14	78,84	86,18	93,22	100,00

Revaluation of incapacity - disability benefit

The initial amount of the daily allowances, the disability income and the benchmark payment of cover in the event of death is revalued, at the earliest, six months, day for day, after the Insured stops work, then, at the time of each change in the value of the AGIRC (Association Générale des Institutions de Retraite des Cadres) retirement point.

The level of the successive revaluations is determined so that, the amount of the benefit and of the benchmark payment is increased, taking account of the revaluations already made, in the same proportion and on the same dates as the value of the aforementioned benchmark point to the value in effect on the date the Insured stopped work.

However, in the event of ceasing to be a member or cancelling the cover from which the benefit arose, subsequent changes in the benchmark point cease to be taken into account; the level of the revaluations is held at the level reached on the date of termination or cancellation.

Holding of cover at the level reached in the event of inability to work or disability of an Insured person, including after cancellation of the policy.

Terms of application

In the event of total incapacity to work or disability of an Insured person, the death cover, including the advance payment of the lump sum in the event of total and irreversible disability, are held for the Insured on the following terms, even after cancellation of this policy.

To be recognized as such, incapacity or disability must be of a type to provide entitlement to the daily allowances or the disability income specified above.

Cover

The cover maintained is that which is in force the day before the first day the Insured stops work.

If this policy is cancelled, the amount of corresponding benefits is reduced by 50% if:

- either the Insured receives from the Insurer the reduced daily allowances or a disability income for which the degree "n" of disability is more than 66% and the Insured can carry out a reduced occupational activity,
- or if it is established that the Insured who has stopped work as a result of an illness or an accident:
 - can resume work part time,
 - or, has a degree "n" of disability of more than 66% and can carry out a reduced occupational activity.

Furthermore, the payment serving as a basis for calculating the benefit cover is determined taking account of the level of revaluations reached on the date of cancellation, no additional revaluation being allocated after this date.

Declaration

So that the Insured can benefit from continued cover, work stoppages must be declared to the Insurer within six months of stopping work and, in all circumstances, in the event of cancellation, within three months of the date of cessation of this policy.

Cessation

Besides the cases specified by each item of cover, the cover that is maintained ceases on the date on which an old age pension is allocated from a basic scheme and, at the latest, on the Insured's 65th birthday.

It also ceases:

- as soon as the Insured's incapacity or disability is no longer such that it gives entitlement to the daily allowances or the disability income,
- as soon as six months have elapsed during which the Insured has not produced documentation justifying staying away from work.



4/ Medical examination and medical arbitration

The doctors and representatives accredited by the Insurer have free access to the Insured in order to check the Insured's condition. Entitlement to benefits may be interrupted or reduced, as a result of the conclusions of the doctors and representatives accredited by the Insurer, irrespective of the decisions taken and the payments made by French Social Security or any other body.

On pain of suspension of payment of benefits, the Insured must provide all evidential documents and be open to any assessment or examination requested by the Insurer.

The decisions of the Insurer taken as a result of the conclusions of the consulting doctor are sent to the Insured by registered mail; the Insured may contest the accuracy thereof within ten days of their transmittal by means of a detailed medical attestation sent to the Insurer by registered mail.

If there is disagreement on the Insured's state of health, a joint and open assessment may be carried out by the doctor chosen by the Insured and the doctor delegated by the Insurer.

If these two doctors cannot arrive at a consensus, they choose a medical arbitrator to decide between them.

If there is no agreement on his choice, the decision is made through legal process.

Each party bears the costs and fees of their doctor and half of those of the medical arbitrator.

5/ Formalities required in the event of a claim

Declaration

No event can give entitlement to benefits unless it is declared, except in the case of force majeure, within the following deadlines:

- death, no later than six months after the date of death,
- total and irreversible disability, no later than six months after the day of notification by French Social Security of the Insured being classified as category 3 disabled or the date of effect of the income paid by Social Security, in the event of an accident at work, for 100% permanent incapacity with additional assistance of a third person,
- total and irreversible disability due to an accident, within the same deadlines as above and the accident must be declared within six months of occurring,
- stopping work, the work stoppage must be reported to the Insurer before the end of the excess period and, not later than three months after the date of stopping work if the excess period is more than three months. It is considered as happening on the day of the declaration if the latter occurs after this period but before the sixth month.

Except in cases of force majeure, illnesses or accidents that are not declared within six months following stopping work will not be covered and as such will not be reimbursed.

- disability, the allocation by French Social Security of a disability income or an incapacity income must be reported to the Insurer no later than three months after the date on which it takes effect.

Documents required

In the event of death

- a medical certificate of natural death produced by the certifying doctor,
- a complete copy of the birth certificate,
- a photocopy of the family record book (livret de famille),
- a complete copy of the birth certificate of the beneficiary(ies),
- the last tax assessment,
- if the death occurs while off work, the French Social Security sheets specifying payment of daily allowances.

In the event of total and irreversible disability

- the French Social Security notification, either of category 3 disability classification, or of the allocation of income for an accident at work at the rate of 100% with increase for assistance of a third person,
- a photocopy of the family record book,
- the last tax assessment,
- if the total and irreversible disability occurs while off work, the sheets from French Social Security specifying payment of daily allowances.

In the event of a claim due to an accident

- in addition to the abovementioned documents, a photocopy of the police or gendarmerie report

**In the event of stopping work**

- the medical certificate duly completed by the treating doctor and sent to the Insurer's consulting doctor in an envelope marked "medically confidential" ("secret médical"),
- the last tax assessment for a possible exemption from "CSG",
- the notification, where appropriate, delivered by the ASSEDIC specifying the attribution of an allocation,
- as appropriate, the following documents issued by French Social Security:
 - notification of allocation of disability income,
 - each quarter thereafter, the documentation proving the payment of this benefit,
 - a photocopy of the payslips in the event of resuming work part time.

6/ Exclusions

The following are excluded from all cover**War risks**

- **The consequences of a civil or foreign war, insurrection, riot or popular movement, irrespective of where these events occur and irrespective of the protagonists, except if the Insured does not take an active part therein, or if the person is required to carry out a maintenance or supervision task in order to protect people or goods for the benefit of the Member.**
The Insurer however reserves the right to change its position on one or more specified territories subject to giving the Member fifteen days' notice.
- **In addition, in the event of war in which France is a belligerent, no cover will be granted.**

Air risks

The consequences of an accident occurring while the Insured is participating in air competitions, demonstrations, aerobatics, acrobatics, raids, record attempts, flights in prototypes, test flights, jumps made with non-homologated parachutes and military air crew activities.

Furthermore, the consequences of air accidents are covered only if:

- **the aircraft used is airworthy according to the regulatory technical requirements and has a valid airworthiness certificate (or an official pass),**
- **the members of the crew (of which the Insured may form part) are holders of diplomas, licences and qualifications that are currently valid and required for the functions they perform on board, taking account of the aircraft used and the nature of the flight, and provided with special authorizations when necessary,**
- **the aircraft used has received the official approvals, that are still valid, allowing it to carry passengers.**

Other risks

- **the suicide of the Insured before a continuous year of membership,**
However, suicide is covered if, because of the Insured's membership of this policy and, prior to another mandatory membership Group Insurance Policy, the Insured has completed a continuous year of insurance on the date of the suicide,
- **the consequences of illness or accident due to the intended action of the Insured, intentional mutilation or a suicide attempt. However, this exclusion does not apply to the advance payment of the death lump sum in the event of total and irreversible disability resulting from a suicide attempt made after a continuous year of insurance for the Insured,**
- **the consequences of an assassination or an assassination attempt, unless the Insured does not take an active part therein.**

7/ Exclusions specific to the cover

Lump sum in the event of total and irreversible disability

The disability that results from alcoholism or the use of narcotics or medical substances without or in excess of medical prescription.

**Additional lump sum in the event of accidental death or total and irreversible disability due to an accident.****Consequences:**

- of a surgical operation required by an accident not covered by the insurance,
- of alcoholism, manifest drunkenness or if it is revealed that, at the time of the accident, the Insured causing the accident had a blood alcohol level of 0.8 g or more per litre of blood or, in the event of a road traffic accident, at the rate characterizing the level of alcohol in the blood that falls foul of French legislation,
- of the use of narcotics or medical substances without or in excess of medical prescription,
- of participating in a duel, a crime, an intentional offence or a brawl, except in the case of legitimate defence and the assistance of a person in danger,
- of participation in all sports and competitions on a professional basis,
- of participation in military or police actions,
- of holding, possession or handling, by the Insured at the place of the accident, either of engines of war or of an illegally held weapon,
- of an act of belligerence or terrorism whether or not liability is claimed,
- of the Insured's participation in all competitions (and their trials) involving the use of motor vehicles or boats,
- of an accident resulting from the practice of bungee jumping and the Insured's use (including as a passenger) of hang-gliders, paragliders, motorized ultralight aircraft and of any other aircraft not approved for public transport,
- of claims resulting directly or indirectly from the meltdown of an atomic core,
- of the practice of any sporting activity carried out in clear breach of the safety rules defined by the public authorities so that the Insured could not be unaware of the risk.

8/ Limitation

In accordance with Article L 114-1 of the Insurance Code, all actions arising from this Insurance Policy are subject to limitation from legal action for a period of ten years for all death/partial and total disability cover and for two years for the incapacity/disability cover from the event that gives rise thereto.

However, this period does not begin to run:

- in the case of concealment, omission, false or inexact declaration on the risk being run, until the day on which the Insurer is notified thereof,
- in the event of a claim, until the day on which those involved obtain knowledge thereof, if they can prove that they were unaware of it until then.

9/ Legal action

According to the Insurance Code, the beneficiary grants subrogation to the Insurer to take any legal action against a liable third party.

10/ Mediation

Your usual contacts are able to study in depth all your requests and complaints. If, after this review, the answers do not meet your expectations, you can submit your claim:

For ACS :

**ACS, Service réclamations,
153, rue de l'Université, 75007 Paris, France**

For Allianz :

**Allianz Vie - DIES - Service Relations Clientèle
Tour Neptune – 20 place de Seine 92086 La Défense Cedex**



ACS-AMI

Finally, in case of total disagreement with the insurer, the Insured has the right to appeal to the Mediator/ Ombudsman, the contact information of which are communicated to him/her by the insurer, on simple request, and without any prejudice with regards to other ways of legal action.

The governing body of insurers is *the l'Autorité de Contrôle Prudentiel (ACP)* 61, rue Taitbout -75436 Paris Cedex 09.
The parties declare that they submit to French law.

CNIL (Commission Nationale de l'Informatique et les Libertés)

Information regarding the policyholder or insured is used for contract management. They benefit from a right of access, rectification and opposition as provided for in the law of 06 January 1978 78.17. .

For any question regarding coverage or claims, please contact:

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